

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

05/06 MAY - 1 PM 1:35

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A24431	
1. Entity Name DON CARTER'S ALL STAR LANES - PBC, LTD.	



Principal Place of Business 6591 MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 1389 N.W. 136TH AVENUE SUNRISE, FL 33323
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2860140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
ISAN, JERRY B. 1389 N.W. 136TH AVENUE SUNRISE, FL 33323	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CARTER, DONALD J. 9895 S.W. 96TH ST. MIAMI, FL	STREET ADDRESS	000074759570 05/17/06--01025--020 **500.00
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	ROSE, BURTON 5580 MONROE ST. SYLVANIA, OH	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	ISAN, JERRY B. 2420 NE 27TH ST LIGHTHOUSE POINT, FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	POWELL, JOHN 6639 EMBASSY CT. MAUMEE, OH	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Donald Carter Donald Carter 4-21-06 954-846-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE