


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 14 AM 11:36

DOCUMENT # A93000000132 1. Entity Name TRI-STAR PARTNERSHIP, A LIMITED PARTNERSHIP			
Principal Place of Business 291 APPALACHIAN TRAIL MAGGIE VALLEY, NC 28751		Mailing Address 291 APPALACHIAN TRAIL MAGGIE VALLEY, NC 28751	
2. Principal Place of Business 607 PARK SOUTH BLVD Suite, Apt. #, etc.		3. Mailing Address 607 PARK SOUTH BLVD Suite, Apt. #, etc.	
City & State ARDEN, NC		City & State ARDEN, NC	
Zip 28704		Zip 28704	
Country USA		Country USA	
4. FEI Number 59-3120536		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGAN, SHIRLEY A 6465-C YELVINGTON RD. EAST PALATKA, FL 32131-9801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$400,221.58		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	LUNDQUIST, SANDRA L 291 APPALACHIAN TRAIL MAGGIE VALLEY, NC 28751	STREET ADDRESS CITY-ST-ZIP	607 PARK SOUTH BLVD ARDEN, NC 28704
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sandra L. Lundquist</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		2-10-05 828.400.9152 <small>Date Daytime Phone #</small>	

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