

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002285

1. Entity Name
STAR-GLO ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
C/O ROSEN DEVELOPMENT GROUP, INC.
2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917

Mailing Address
2250 AVENIDA DEL VERA
NORTH FT. MYERS, FL 33917



01152004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

12800 UNIVERSITY DR.
Suite, Apt. #, etc.
SUITE 400

3. Mailing Address

12800 UNIVERSITY DR.
Suite, Apt. #, etc.
SUITE 400

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
58-2428256

Applied For
Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT
C/O STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$0.00**

10. Amount of Capital Contributions
in FLORIDA to date.

\$141.25

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

DOCUMENT # **P98000085038**
NAME **STAR-GLO REALTY CORP.**
STREET ADDRESS **2250 AVENIDA DEL VERA**
CITY-ST-ZIP **N. FT. MYERS, FL 33917**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **12800 University Dr., Ste 400**
Fort Myers, FL 33907

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE