

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13000000229

**Entity Name:** STARRY NIGHT 19830130 LP

**Current Principal Place of Business:**

537 WELLESLEY  
HAWKESBURY, ONTARIO K6A 2G2

**Current Mailing Address:**

537 WELLESLEY  
HAWKESBURY, ONTARIO K6A 2G2 CA

**FEI Number:** 42-1775345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELLS, JAY R  
37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # L13000063392  
Name STARRY STARRY NIGHT L.L.C.  
Address 537 WELLESLEY  
City-State-Zip: HAWKESBURY ONTARIO K6A 2G2

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRYAN POIRIER \_\_\_\_\_

GENERAL MANAGER

01/07/2017

Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date