

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -9 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172007 Chg-LP CR2E003 (12/06)

DOCUMENT # A98000000596				
1. Entity Name IEZZI I, LTD.				
Principal Place of Business 14027 SHADY SHORES DRIVE TAMPA, FL 33613		Mailing Address 14027 SHADY SHORES DRIVE TAMPA, FL 33613		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 59-3496067 59-3498611				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
DRUMMOND, TEMPLE H 6714 113TH AVE. TEMPLE TERRACE, FL 33617			Name <u>Drummond Temple H</u>	
			Street Address (P.O. Box Number is Not Acceptable) <u>328 W. BEARSS AVENUE</u>	
			City <u>Tampa</u> FL Zip Code <u>33613</u>	
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 <u>Temple H. Drummond, Temple H. Drummond</u>			DATE <u>1/17/2007</u>	
Signature, typed or printed name of registered agent and title if applicable				
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	P98000011129		STREET ADDRESS	
NAME	JAECO MANAGEMENT COMPANY, INC.		CITY - ST - ZIP	
STREET ADDRESS	14027 SHADY SHORES DRIVE			
CITY - ST - ZIP	TAMPA, FL 33613			
DOCUMENT #			STREET ADDRESS	<u>800097293618</u>
NAME			CITY - ST - ZIP	<u>04/18/07--01006--007 **508.75</u>
STREET ADDRESS				
CITY - ST - ZIP				
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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 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: <u>[Signature]</u>			DATE <u>4/2/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date	
			Daytime Phone #	

STAPLE CHECK HERE