

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000002073**

1. Entity Name  
**CITLO I LIMITED PARTNERSHIP**



Principal Place of Business  
**220 ALHAMBRA CIRCLE, SUITE 700**  
**CORAL GABLES, FL 33134**

Mailing Address  
**220 ALHAMBRA CIRCLE, SUITE 700**  
**CORAL GABLES, FL 33134**



04202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0949294**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HRAWG CORP.**  
**2000 GLADES ROAD**  
**SUITE 400**  
**BOCA RATON, FL 33431**

**DO NOT WRITE**  
**IN THIS SPACE**

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

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

1100000538005  
05/09/06-80039-019 500.00

**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

DOCUMENT # **P00000111376**  
NAME **STUZIN ENTERPRISES, INC.**  
STREET ADDRESS **220 ALHAMBRA CIRCLE, SUITE 700**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE**  
**IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/06

(305) 774-0454

Date

Daytime Phone #

STAPLE CHECK HERE