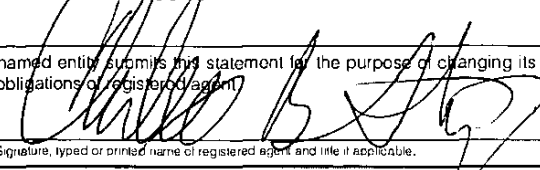
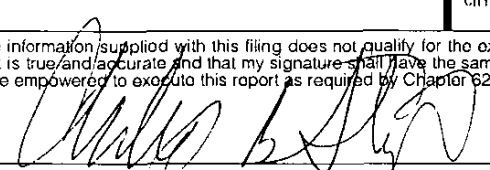


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 16, 2007 8:00 A.M.
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	
2. Principal Place of Business - No P.O. Box # 800 DOUGLAS RD		3. Mailing Address 800 DOUGLAS RD	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 500	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country USA	Zip 33134	Country USA
6. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431		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  DATE			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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	P00000111376 STUZIN ENTERPRISES, INC. 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES FL 33134	STREET ADDRESS CITY - ST - ZIP	800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	 600088828256 02/21/07--01006--024 **500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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:  DATE 2/8/07 (305) 774-0454 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #			



1st MOORE CR2E003 (10/06)

4. FEI Number **65-0949294** Applied For
Not Applicable

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

FILED
Feb 16, 2007 8:00 A
Secretary of State

STATE
FLORIDA
1950

STAPLE CHECK HERE