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

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
800 DOUGLAS RD		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

4. FEI Number: 65-0949294 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HRAWG CORP. 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431	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
Signature, typed or printed name of registered agent and title if applicable.

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 #	P00000111376	STREET ADDRESS	800 DOUGLAS RD STE 500
NAME	STUZIN ENTERPRISES, INC.		
STREET ADDRESS	220 ALHAMBRA CIRCLE, SUITE 700	CITY-ST-ZIP	CORAL GABLES, FL 33134
CITY-ST-ZIP	CORAL GABLES FL 33134		
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STAPLE CHECK HERE

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: ______________________ 2/8/07 (305)774-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #