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

## **FILED** Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # A0100000360 1. Entity Name 211 ALEXANDER PALM DEVELOPMENT PARTNERS I, LTD. Mailing Address Principal Place of Business 1181 S. ROGERS CIRCLE 1181 S. ROGERS CIRCLE STE. 31 STE. 31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 01172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1085240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 211 ALEXANDER PALM DEVELOPMENT PARTNERS I. DO NOT WRITE 1181 S. ROGERS CIRCLE STE. 31 IN THIS SPACE BOCA RATON, FL 33487 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. P01020025958 DOCUMENT # 211 ALEXANDER PALM DEVELOPMENT PARTNERS I 1181 S. ROGERS CIRCLE, STE. 31 STREET ADDRESS 000000491403 CITY-ST-ZIP BOCA RATON, FL 33487 DOCUMENT # NEME STREET ADDRESS City-ST-Zip DOCUMENT & NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME 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 Panner of the limited partnership or the receiver or trustee empowered to execute this reports a required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #

DOCUMENT # NAME STREET ACORESS

CECK NAME STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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