

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

**DOCUMENT # A0200000834**

1. Entity Name  
**SANCTUARY LANE DEVELOPMENT PARTNERS I, LTD.**



Principal Place of Business <b>1181 S. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487</b>	Mailing Address <b>1181 S. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country
Zip	Country

2005 APR 26 11:11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02252005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>03-0458024</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SANCTUARY LANE DEVELOPMENT PARTNERS I, INC  
1151 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

9. Capital Contributions as Shown on record. <b>S.A. filed 1,481,778</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,481,778</b>
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**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 #	<b>P02000065792</b>
NAME	<b>SANCTUARY LANE DEVELOPMENT PARTNERS I, INC</b>
STREET ADDRESS	<b>1181 S. ROGERS CIRCLE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>600052145016</b>
STREET ADDRESS	<b>04/26/05--01061--008 **566.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

\$526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER