

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

APPROVED  
AND  
FILED

06 MAY -3 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000834

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



Principal Place of Business  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

Mailing Address  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487



**DO NOT WRITE IN THIS SPACE**

01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number 03-0458024	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P02000065792
NAME	SANCTUARY LANE DEVELOPMENT PARTNERS I, INC
STREET ADDRESS	1181 S. ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33487
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800075271718  
05/25/06--01019--003 \*\*\$50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Robert R. Pratt Date: 4/2/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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