2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

Andre Maria de Caracteria d

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

FILED

2007 MAY 10 AM 10: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01172007 No Chg-LP

CR2E003 (12/06)

	40.77	
03-0458024		Not Applica
4. FEI Number		Applied For

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 CIRCEL, SUITE 31 BOCA SATON, FL 33487

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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

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 P02000065792 DOCUMENT / NAME SANCTUARY LANE DEVELOPMENT PARTNERS I, INC 1181 S. ROGERS CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

5.00 1.0125 3.4.0 05715707=01045=011

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

Daytime Phone #