

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

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001141**

1. Entity Name  
**CRF MANAGEMENT GROUP I, LTD.**



Principal Place of Business  
**500 SOUTH FLORIDA AVENUE, STE. 700  
LAKELAND, FL 33813**

Mailing Address  
**500 SOUTH FLORIDA AVENUE, STE. 700  
LAKELAND, FL 33813**



01172006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3865772**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, LAWRENCE T  
500 SOUTH FLORIDA AVENUE, STE. 700  
LAKELAND, FL 33813**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **G23570**  
NAME **CRF MANAGEMENT CO., INC**  
STREET ADDRESS **500 SOUTH FLORIDA AVENUE, STE. 700**  
CITY - ST - ZIP **LAKELAND, FL 33813**

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05/18/06-00001-007 508.75

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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: *Kim S Kelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/27/06*

*863-647-1581*

Date

Daytime Phone #

STAPLE CHECK HERE