


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # A02000001182
1. Entity Name
FORT LAUDERDALE CY I, LTD.



Principal Place of Business: **1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS FL 33154**
Mailing Address: **1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS FL 33154**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number: **56-2289537**
Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FINVARB, ROBERT
1065 KANE CONCOURSE SUITE 201
BAY HARBOR ISLANDS FL 33154**

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 title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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.**

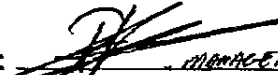
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L02000014933
NAME	COURTYARD GENERAL PARTNER, LLC
STREET ADDRESS	1065 KANE CONCOURSE SUITE 201
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/10/06-80025-023 500.00

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 FINVARB**
MANAGER OF CY General Partner, LLC, ITC GP 1-24-06 305-866-7555