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

DOCUMENT #A0300001131  1. Entity Name CONTRARIAN CASH FUND I, LTD.			FILED	
				PM 1:01
Principal Place of Business	Mailing Address		SECHETAR	y of state Ee. Florida
6400 CONGRESS AVE, STE 2150 6400 CONGRESS AVE, STE BOCA RATON, FL 33487 BOCA RATON, FL 33487		700	MALLAHASSI	E. FLORIDA
2. Principal Place of Business	3. Mailing Address S97 S FEDERA   H	مريم		
Suite, Apt. #, etc.		<del>, ~ 7</del>	03292006 Chg-LP C	R2E003 (11/05)
Sys & State O Dry & State O			4. FEI Number	Applied For
Zip Country Zip Country		untry	35-2211437	Not Applicable  \$8.75 Additional
3343~	33/32	<u>,</u>	Certificate of Status Desired     Name and Address of New Regist	Fee Required
6. Name and Address of Current Registered Agent  Name			7. Haine and Address of New Acgist	ered Agent
HONIG, BARRY 6400 CONGRESS AVE, STE 2700		Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON, FL 33487		Smt	2 600	-1-17
		City Boo	0 1	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 SIGNATURE				
Signature, typed or printed 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 for	m; an amendmer	nt must be filed to change a genera	al partner.
12.   GENERAL PARTNER		TREET ADDRESS	ADDRESS CHANGE	SONLY
NAME CONTRARIAN CASH FUND, LLC STREET ADDRESS 6400 CONGRESS AVE, STE 2700				
CITY-ST-ZP BOCA RATON, FL 33487	an	TY-ST-ZIP		
DOCUMENT # NAME	sπ	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	сп	TY-ST-ZIP	2000595: 04/05/0601009	38612 -017 **500.00
DOCUMENT # NAME	STI	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	a	TY-ST-ZIP		
DOCUMENT #	SFI	TREET ADORESS		
STREET ADDRESS CITY-ST-ZIP	CIT	TY-ST-ZIP		
DOCUMENT #	ST	TREET ADORESS		
STREET ADDRESS		TY-ST-ZIP	100	
CITY-ST-ZIP	CIT			1
DOCUMENT #		TREET ADDRESS	Al not	
	STI	TY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14. 1 hereby certify that the information supplied with findicated on this report is true and accurate and the	this filing does not qualify for the a	TY-SI-ZIP  exemptions contained me legal effect as if n	ed in Chapter 119, Florida Statutes. I furth	ner certify that the information the rot the limited partnership
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  14. 1 hereby certify that the information supplied with	this filing does not qualify for the a	TY-SI-ZIP  exemptions contained me legal effect as if n	and in Chapter 119, Florida Statutes. I furth	ner certify that the information ther of the limited partnership