

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

**DOCUMENT # A03000001131**

1. Entity Name  
**CONTRARIAN CASH FUND I, LTD.**



**FILED**

2007 APR 17 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312007 Chg-LP CR2E003 (12/06)

4. FEI Number **35-2244437 32-0087294** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**HONIG, BARRY**  
**595 S FEDERAL HIGHWAY STE 600**  
**BOCA RATON, FL 33432**

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

4/3/07

DATE

**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.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
NAME **HONIG, BARRY**  
STREET ADDRESS **595 S FEDERAL HIGHWAY STE 600**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

STREET ADDRESS  
CITY-ST-ZIP  
**200092312212**  
**04/24/07--01053--005 \*\*500.00**

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CITY-ST-ZIP

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 NAME OF SIGNING GENERAL PARTNER

4/3/07 561 544 2452  
Date Daytime Phone #

STAPLE CHECK HERE