

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

**DOCUMENT # A03000001279**

1. Entity Name  
**RUST FAMILY PARTNERSHIP I, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:43

Principal Place of Business  
**C/O REGISTER & COMPANY, P.A.  
2600 DOUGLAS RD., STE. 604  
CORAL GABLES, FL 33134**

Mailing Address  
**C/O REGISTER & COMPANY, P.A.  
2600 DOUGLAS RD., STE. 604  
CORAL GABLES, FL 33134**



03162006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0302014**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**DIXON, SHARON Q  
C/O STEARNS WEAVER MILLER ET. AL  
150 W. FLAGLER ST., STE. 2400  
MIAMI, FL 33130**

**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 # **L03000033061**  
NAME **RUST FAMILY ENTERPRISES, LLC**  
STREET ADDRESS **2600 DOUGLAS RD., STE. 604**  
CITY-ST-ZIP **CORAL GABLES, FL 33130**

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**600069922956  
04/10/06--01018--021 \*\*500.00**

**DO NOT WRITE  
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 NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE