2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000001279

1. Entity Name RUST FAMILY PARTNERSHIP I. LTD.



FILED Apr 21, 2008 08:00 AN Secretary of State

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



04172008 No Chg-LP

CR2E003 (12/06)

5.	Certificate of Status Desired	\$8.7	5	Additional
	65-0302014	 		Not Applicabl
4.	FEI Number	Į		Applied For

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

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent.	both, in the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable	<u> </u>
	<u> 05/08/08-80003-003_500.00</u>
FILE NOW!!! FEE IS \$500.00	
After May 1, 2008, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be f	iled 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 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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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 fequired by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING GENERAL PARTNER

APRIL 17, 2008

Date

Daytime Phone #