


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A03000001371 1. Entity Name ST. LUCIE ASSOCIATES I, LLLP	
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FILED
05 MAY -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS FL 33017	Mailing Address 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS FL 33017
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 20-0241241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ST. LUCIE I CORPORATION 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS FL 33017
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. \$1,388,253.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,581,303.00

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

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 #	P03000101653	STREET ADDRESS	
NAME	ST. LUCIE I CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1401 UNIVERSITY DR., STE. 200		
CITY-ST-ZIP	CORAL SPRINGS FL 33017		
DOCUMENT #		STREET ADDRESS	900054018089
NAME		CITY-ST-ZIP	05/06/05--01074--008 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Maria Menendez, Vice President**
4/28/05 (954) 753-1730
Daytime Phone #

STAPLE CHECK HERE