

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

DOCUMENT # A0300001371			
1. Entity Name ST. LUCIE ASSOCIATES I, LLLP		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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ST. LUCIE I CORPORATION 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS FL 33017		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		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.	
<p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000101653 ST. LUCIE I CORPORATION 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS FL 33017	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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<p>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</p>			

STAPLE CHECK HERE

SIGNATURE:

Maria Menendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M. Maria Menendez, Vice President

4/28/05 (954) 753-1730

Daytime Phone #