

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

**DOCUMENT # A03000001371**

1. Entity Name  
**ST. LUCIE ASSOCIATES I, LLLP**



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  
**1600 Sawgrass Corp Pkwy**  
 Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address  
**1600 Sawgrass Corp Pkwy**  
 Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

Zip  
**33323**

Country  
**USA**

Zip  
**33323**

Country  
**USA**

04032006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**20-0241241**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**1600 Sawgrass Corporate Parkway, #300**

City  
**Sunrise**

FL

Zip Code  
**33323**

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]*  
 Signature of officer or printed name of registered agent and title if applicable.

**4/17/06**

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P03000101653**  
 NAME **ST. LUCIE I CORPORATION**  
 STREET ADDRESS **1401 UNIVERSITY DR., STE. 200**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33017**

STREET ADDRESS **1600 Sawgrass Corp Pkwy #300**  
 CITY-ST-ZIP **Sunrise, FL 33323**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP  
**588874763315**  
**05/17/06--01034--017 \*\*500.00**

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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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**N. MARIA MENENDEZ, VICE PRESIDENT**

**4/21/06**

Date

**954-753-1730**

Daytime Phone #

STAPLE CHECK HERE

**FILED**

**06 MAY -1 PM 1:29**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

