


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:29

DOCUMENT # A03000001371		
1. Entity Name ST. LUCIE ASSOCIATES I, LLLP		

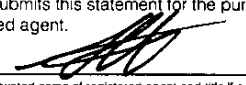
Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc. Suite 230
City & State	City & State
Zip	Country

	
04162008 Chg-LP	CR2E003 (12/06)
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	7. Name and Address of New Registered Agent
ST. LUCIE I CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 230 SUNRISE, FL 33323	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.

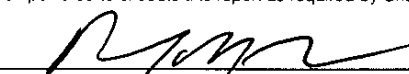
SIGNATURE  DATE **4/22/08**

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 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	1600 Sawgrass Corp Pkwy, Suite 230
NAME	ST. LUCIE I CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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:  RICHARD M. NORWALK 4/29/08 (954) 753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE