


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

<b>DOCUMENT # A04000001227</b>			
1. Entity Name <b>HENDRY COUNTY ASSOCIATES I, LLLP</b>			
Principal Place of Business <b>1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071</b>		Mailing Address <b>1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
2005 APR 29 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>20-1500276</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRANT, MARK F ESQ. 200 EAST BROWARD BLVD. SUITE 1500 FT. LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable		DATE	
9. Capital Contributions as Shown on record.	\$355,000.00	10. Amount of Capital Contributions in FLORIDA to date.	\$ 326,265.00

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 #	P04000108932	STREET ADDRESS	
NAME	HENDRY COUNTY I CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1401 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
DOCUMENT #		STREET ADDRESS	200055192262 05/24/05--01056--007 **141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200055192262 05/24/05--01056--008 **385.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N. Maria Menendez, Vice President

Date

4/28/05

(954) 753-1730

Daytime Phone #