


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000001364</b>			
1. Entity Name <b>FLORIDA CRYOTHERAPY PARTNERS I, LTD.</b>			
Principal Place of Business <b>1986 35TH AVENUE VERO BEACH FL 32960</b>		Mailing Address <b>1986 35TH AVENUE VERO BEACH FL 32960</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>55-0879098</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>DEC CONSULTANTS, INC. 1515 INDIAN RIVER BLVD., SUITE A210 VERO BEACH FL 32960-7103</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent next to applicable.</small>			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	<b>L04000000540 AMERICAN UROLOGICAL ENTERPRISES, LLC 1986 35TH AVENUE VERO BEACH FL 32960</b>	STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	<b>U000000672969 03/29/07-80011-004 500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <b>3/07/07</b> Daytime Phone # <b>(772) 562-7220</b>	



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE