


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

<b>DOCUMENT # A05000000251</b> 1. Entity Name <b>FLORIDA DEVELOPMENT AND INVESTMENT PARTNERS I, LTD.</b>	
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**FILED**  
**06 MAY -1 AM 8:40**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business <b>20881 RAMITA TRAIL</b> <b>BOCA RATON, FL 33433-1704</b>	Mailing Address <b>20881 RAMITA TRAIL</b> <b>BOCA RATON, FL 33433-1704</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01132006 Chg-LP CR2E003 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>MAS, CARLOS A</b> <b>2525 PONCE DE LEON BLVD., SUITE 400</b> <b>MIAMI, FL 33134-6012</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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**400075022024**  
**05/22/06--01025--023 \*\*500.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Ignacio Lizaur* **4-25-06 561.488.9907**  
Date Daytime Phone #

PLEASE CHECK HERE