


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000000398	
1. Entity Name MARTEL ARMS DEVELOPMENT PARTNERS I, LTD.	

Principal Place of Business 1928 THATCH PALM DRIVE BOCA RATON FL 33432	Mailing Address 1928 THATCH PALM DRIVE BOCA RATON FL 33432
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 35-2250727		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 MARTEL ARMS DEVELOPMENT PARTNERS, INC. 1928 THATCH PALM DRIVE BOCA RATON FL 33432			

7. Name and Address of New Registered Agent	
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.

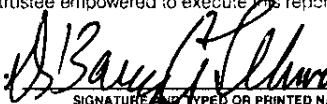
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P05000020777	STREET ADDRESS	
NAME	MARTEL ARMS DEVELOPMENT PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1928 THATCH PALM DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	U00000827075
NAME		CITY-ST-ZIP	02/21/08-80077-007 500.00
STREET ADDRESS			
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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:  **DR. BARRY A. LEHMAN** 2/14/08 (561) 866-6142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE