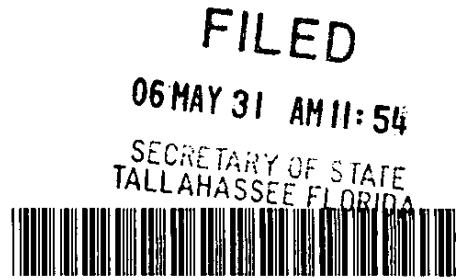


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

|   |   |
|---|---|
| <b>DOCUMENT # A05000001026</b><br>1. Entity Name<br><b>PALM TERRACES DEVELOPMENT PARTNERS I, LTD.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1928 THATCH PALM DRIVE<br/>BOCA RATON FL 33432</b> | Mailing Address<br><b>1928 THATCH PALM DRIVE<br/>BOCA RATON FL 33432</b> |
|--|--|

|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address  |     |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         |
| City & State                   | City & State        |     |         |
| Zip                            | Country             | Zip | Country |



1st MOORE CR2E003 (10/05)

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><b>-PALM TERRACES DEVELOPMENT PARTNERS, INC.<br/>1928 THATCH PALM DRIVE<br/>BOCA RATON FL 33432</b> | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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 #                      | P05000063738                             | STREET ADDRESS           |                                      |
| NAME                            | PALM TERRACES DEVELOPMENT PARTNERS, INC. | CITY-ST-ZIP              | <b>500076017555</b>                  |
| STREET ADDRESS                  | 1928 THATCH PALM DRIVE                   |                          | <b>06/08/06--01034--025 **900.00</b> |
| CITY-ST-ZIP                     | BOCA RATON FL 33432                      |                          |                                      |
| DOCUMENT #                      |  | STREET ADDRESS           |                                      |
| NAME                            |  | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |  |                          |                                      |
| CITY-ST-ZIP                     |  |                          |                                      |
| DOCUMENT #                      |  | STREET ADDRESS           |                                      |
| NAME                            |  | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |  |                          |                                      |
| CITY-ST-ZIP                     |  |                          |                                      |
| DOCUMENT #                      |  | STREET ADDRESS           |                                      |
| NAME                            |  | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |  |                          |                                      |
| CITY-ST-ZIP                     |  |                          |                                      |
| DOCUMENT #                      |  | STREET ADDRESS           |                                      |
| 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 **BARRY A. LEHMAN** 05/14/06 (661) 866-6142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE