

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

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <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 - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip Country   | Zip Country                                   |



1st MOORE CR2E003 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>33-1118046</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P05000063738<br/>PALM TERRACES DEVELOPMENT PARTNERS, INC.<br/>1928 THATCH PALM DRIVE<br/>BOCA RATON FL 33432</b> | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP | <b>U00000680440<br/>04/03/07 80077-025 500.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |

STAPLE CHECK HERE

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 3/22/07 (561) 866-6142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #