

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

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

<b>DOCUMENT # A05000001026</b> 1. Entity Name <b>PALM TERRACES DEVELOPMENT PARTNERS I, LTD.</b>					
Principal Place of Business <b>1928 THATCH PALM DRIVE BOCA RATON FL 33432</b>				Mailing Address <b>1928 THATCH PALM DRIVE BOCA RATON FL 33432</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E003 (10/07)	
4. FEI Number <b>33-1118046</b>				Applied For <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  <b>PALM TERRACES DEVELOPMENT PARTNERS, INC. 1928 THATCH PALM DRIVE BOCA RATON FL 33432</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 and date if applicable.</small>					
<b>FILE NOW!!! Fee is \$500.*** After May 1, 2008, 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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P05000063738		STREET ADDRESS		
NAME	PALM TERRACES DEVELOPMENT PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1928 THATCH PALM DRIVE				
CITY-ST-ZIP	BOCA RATON FL 33432				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			U00000827073 02/21/08-80077-006 500.00		
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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:** Barry A. Lehman **BARRY A. LEHMAN** 2/11/08 (561) 866-6142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date-time Printed

STAPLE CHECK HERE