

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

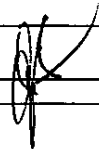
DOCUMENT # A05000001267			
1. Entity Name NICKLAUS FUND I, LTD.			
Principal Place of Business 11780 U.S. HIGHWAY ONE SUITE 500 NORTH PALM BEACH, FL 33408		Mailing Address 11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. HIGHWAY ONE, THIRD FLOOR NORTH PALM BEACH, FL 33408		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 title if applicable.			
FILE NOW!!! FEE IS \$500.00			
After May 1, 2007, 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 #	NI FUND I, LLC	STREET ADDRESS	
NAME	11780 U.S. HIGHWAY ONE, SUITE 500	CITY-ST-ZIP	
STREET ADDRESS	NORTH PALM BEACH, FL 33408		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 		GARY T. NICKLAUS 4.17.07 561.227.0300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



03282007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4725412
-APPLIED FOR- Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



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05/15/07--01005--012 **500.00

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