


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A05000001315		
1. Entity Name THE SAM FAMILY LIMITED PARTNERSHIP I		

Principal Place of Business 3000 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Mailing Address 3000 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
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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



02162007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3112839	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MORGAMAN, SANDRA A 3000 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____
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**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 #	L05000066006	STREET ADDRESS	
NAME	SANDI MORGAMAN LLC	CITY - ST - ZIP	
STREET ADDRESS	3000 W. CYPRESS CREEK ROAD		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	000000730768
NAME		CITY - ST - ZIP	05/08/07-80093-009 500.00
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 <u>Sandra Morgaman</u> <u>Sandra Morgaman</u> 3/27/07	Date	Daytime Phone #
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STAPLE CHECK HERE