


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

<b>DOCUMENT # A05000001592</b>	
1. Entity Name <b>THE FLEMATTI FAMILY REAL ESTATE LIMITED PARTNERSHIP I</b>	

Principal Place of Business <b>514 S. FT. LAUDERDALE BEACH BLVD., #1 FT. LAUDERDALE FL 33316</b>	Mailing Address <b>514 S. FT. LAUDERDALE BEACH BLVD., #1 FT. LAUDERDALE FL 33316</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

SECRET  
DIVISION  
06 FEB 20 AM 10:06



*[Handwritten signature]*

1st MOORE CR2E003 (10/05)

4. FEI Number <b>20-3390647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 #		STREET ADDRESS	
NAME	<b>FLEMATTI, LOUIS</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>514 S. FT. LAUDERDALE BEACH BLVD., #1503</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>FLEMATTI, JANINE M</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>514 S. FT. LAUDERDALE BEACH BLVD., #1503</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:**

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-6-06 9544631212**  
Date Daytime Phone #

STAPLE CHECK HERE