


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

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000001592			
1. Entity Name THE FLEMATTI FAMILY REAL ESTATE LIMITED PARTNERSHIP I			
Principal Place of Business 514 S. FT. LAUDERDALE BEACH BLVD., #1 FT. LAUDERDALE FL 33316		Mailing Address 514 S. FT. LAUDERDALE BEACH BLVD., #1 FT. LAUDERDALE FL 33316	
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



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316		7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	

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 #	FLEMATTI, LOUIS	STREET ADDRESS	1000000614439
NAME	514 S. FT. LAUDERDALE BEACH BLVD., #1503	CITY - ST - ZIP	02/06/07-80030-005 508.75
STREET ADDRESS	FT. LAUDERDALE FL 33316		
CITY - ST - ZIP			
DOCUMENT #	FLEMATTI, JANINE M	STREET ADDRESS	
NAME	514 S. FT. LAUDERDALE BEACH BLVD., #1503	CITY - ST - ZIP	
STREET ADDRESS	FT. LAUDERDALE FL 33316		
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  **JANINE FLEMATTI** 1-28-07 9544631212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE