


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

<b>DOCUMENT # A05000001706</b>					
1. Entity Name <b>HAMMOCK HOUSE 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>HAMMOCK HOUSE DEVELOPMENT PARTNERS, INC. 1928 THATCH PALM DRIVE BOCA RATON FL 33432</b>				4. FEI Number <b>04-3825254</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, 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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P05000105275		STREET ADDRESS		
NAME	HAMMOCK HOUSE DEVELOPMENT PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1928 THATCH PALM DRIVE				
CITY-ST-ZIP	BOCA RATON FL 33432				
DOCUMENT #			STREET ADDRESS	<b>200076017582</b>	
NAME			CITY-ST-ZIP	<b>06/08/06--01034--026 **900.00</b>	
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CITY-ST-ZIP					
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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>Dr. Barry A. Lehman</u> <b>BARRY A. LEHMAN</b> 05/14/06 (561) 866-6142 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

**FILED**

**06 MAY 31 AM 11:54**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

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