


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

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A05000001706</b> 1. Entity Name <b>HAMMOCK HOUSE DEVELOPMENT PARTNERS I, LTD.</b>	
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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>
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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



1st MOORE CR2E003 (10/06)

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 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> <b>HAMMOCK HOUSE DEVELOPMENT PARTNERS, INC.</b> <b>1928 THATCH PALM DRIVE</b> <b>BOCA RATON FL 33432</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	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	U00000680496
NAME		CITY - ST - ZIP	04/04/07-80001-001 500.00
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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:** *Dr. Barry A. Lehman* **DR. BARRY A. LEHMAN** 3/22/07 (561) 866-6142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE