


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 25 AM 7:46

DOCUMENT # A06000000961 1. Entity Name ATLANTIC AMERICAN CDO INVESTMENT FUND I, LTD.	
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Principal Place of Business 101 E. KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602	Mailing Address 101 E. KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
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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



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number 34-4439491	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 ESQUIVEL, JULIO C ESQ. 101 E. KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
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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

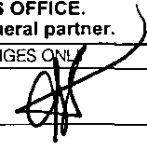
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
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	
DOCUMENT #	LO6000076188
NAME	ATLANTIC AMERICAN CDO INVESTMENT FUND
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600086798586
CITY-ST-ZIP	
STREET ADDRESS	01/31/07--01017--003 ***500.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  DATE: 1/18/07 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER