


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

FILED

2007 APR 25 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001330		
1. Entity Name BAYBROOK I ACQUISITION, LTD.		

Principal Place of Business % WHITE & CASE LLP 200 S. BISCAYNE BLVD., STE. 4900 MIAMI, FL 33131	Mailing Address % NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., STE. 202 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03202007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> 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	
LEVENSON, FREDERIC % WHITE & CASE LLP 200 S. BISCAYNE BLVD., STE. 4900 MIAMI, FL 33131	

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
<i>[Signature]</i>	<i>[Date]</i>

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000110289	STREET ADDRESS	
NAME	BAYBROOK, LLC	CITY-ST-ZIP	
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 202		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	100101238011
NAME		CITY-ST-ZIP	05/02/07--01052--004 **500.00
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NAME		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:	<i>[Signature]</i>	Date	4-16-07	Daytime Phone #	305-446-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					