


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 06, 2006 08:00 AM
Secretary of State**

| | |
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| DOCUMENT # A19014 1. Entity Name SMOKEWOOD REALTY ASSOCIATES I LIMITED PARTNERSHIP |  |
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|--|--|
| Principal Place of Business 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 | Mailing Address 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 |
|--|--|



04192006 No Chg-LP CR2E003 (11/05)

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| | |
|---|---|
| 4. FEI Number 05-0415007 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J
% LOWNDES, DROSDRICK, DOSTER ET AL
215 N. EOLA DR.
ORLANDO, FL 32802**

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IN THIS SPACE**

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, 2006, Fee will be \$900.00**

1100000541945
05/10/06-80078-011 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP | G46246 PICERNE DEVELOPMENT CORPORATION OF FLORIDA 1000 N. ORLANDO AVENUE WINTER PARK, FL |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | PICERNE, ROBERT M 1000 N. ORLANDO AVENUE WINTER PARK, FL |
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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: Jan Heslinger **4/21/06** **407 772 0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #