

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT #A19014

1. Entity Name
SMOKEWOOD REALTY ASSOCIATES I LIMITED PARTNERSHIP



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)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0415007

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

11000000541945
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 # **G46246**
NAME **PICERNE DEVELOPMENT CORPORATION OF FLORIDA**
STREET ADDRESS **1000 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK, FL**

DOCUMENT #
NAME **PICERNE, ROBERT M**
STREET ADDRESS **1000 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK, FL**

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan Heflinger

Date

4/21/06 707 772 0200

Daytime Phone #

STAPLE CHECK HERE