
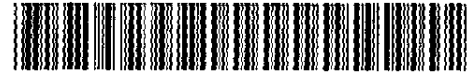


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A31176		
1. Entity Name MEMORIAL MEDICAL COMPLEX - FUND I, LTD.		

Principal Place of Business 607 SOUTH MISSOURI AVENUE, SUITE 201 LAKELAND FL 33801	Mailing Address 5904 SPRINGLAKE DR. LAKELAND FL 33811
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2ED03 (10/05)

4. FEI Number **59-2952467** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KENT, B. JACK 5904 SPRING LAKE DRIVE LAKELAND FL 33811	

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. * After May 1, 2006, 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 #	K63174	STREET ADDRESS	U00000451012
NAME	MEDICAL MANAGERS & INVESTORS, INC.	CITY-STATE-ZIP	03/10/06-80032-004 500.00
STREET ADDRESS	LAKELAND FL 33801	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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: B. Jack Kent 2/24/06 863-6448