


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000000299	
1. Entity Name GARNER PARTNERS I, LTD.	

Principal Place of Business 333 N.E. 23RD ST. MIAMI, FL 33137	Mailing Address 333 N.E. 23RD ST. MIAMI, FL 33137
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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



01232007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0529573	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 MOORE, GERALD W 333 N.E. 23RD ST. MIAMI, FL 33137	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GARNER, JOHN M TRUSTEE 333 N.E. 23RD ST. MIAMI, FL 33137	STREET ADDRESS	U000000621828 02/13/07-80001-016 500.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	MOORE, JAMES W TRUSTEE 333 N.E. 23RD ST. MIAMI, FL 33137	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	GARNER, JOHN M INDIV. 333 N.E. 23RD ST. MIAMI, FL 33137	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	GRAVES, BEVERLY G INDIV. 333 N.E. 23RD ST. MIAMI, FL 33137	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

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

1/23/07 (305) 546-2122
Date Daytime Phone #

STAPLE CHECK HERE