2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK HERE

	1	FILE	ח									
DOCUMENT # A95000001875 1. Entity Name										AM 11: 5	.0	
CITADEL I LIMITED PARTNERSHIP												
Principal Plac		TALLAH	ASSE	OF STATE E. FLORIC	JA							
Principal Place of Business Mailing Address 1515 N. FEDERAL HWY., SUITE 306 1515 N. FEDERAL HWY. BOCA RATON FL 33432 BOCA RATON FL 33432							TE 302					
								1 1001010 7070 1981	EI BEIN ABNI 9			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1ST MOO	RE	CR2E003	(10	/04)
City & State				City	& State			4. FEI Number				
Zip	ip Country			Zip Cou			try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current R					ed Agent		7. Name and Address of New Registered Agent					
GENSHEIMER, MARK A 1515 N. FEDERAL HWY., SUITE 306 BOCA RATON FL 33432							Name Street Address (P.O. Box Number is Not Acceptable)					
							City	FL Zip Code				
8. The above in the State	ered agent, or both,											
SIGNATURE .		I .	NOW!!! Due Block 11 inst	_	May 1, 2005. ons for fee info.							
9. Capital Co as Shown			\$990.00	1	 Amount of Capita in FLORIDA to da 		outions -O	_ :				
								FERED AND ACTIVE				
12.	NOTE		AL PARTNER IN	t must be filed to cl		HANGES ON		r.				
DOCUMENT #									DI LOGIC	ZI IANGEO ON	<u> </u>	• •
NAME	CITADEL I INCORPORATED						500056634275					
STREET ADDRESS CITY-ST-ZIP	1515 N. FEDERAL HWY., SUITE 306 BOCA RATON FL 33432						7-S1-ZIP 06/28/0501060001 **141.25					
DOCUMENT # NAME						STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						ÇITY	-ST-ZIP					
DOCUMENT # NAME						STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						ÇITY	-ST-ZIP					
DOCUMENT / NAME						STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						CITY	-ST-ZIP			-		
DOCUMENT # NAME						STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP,						CITY	-ST-ZIP					
DOCUMENT NAME						STR	ET ADDRESS					
STREET ADURESS CITY-ST-ZIP						CITY	-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not adalify for the exemption stated in Section 119.07(3)(i), 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: 4/29/05 56/-750-, 30 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Designature and Typed OR Printed Name of Signing General Partner Date Designature Phone #												