2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Apr 27, 2007 08:00 A Secretary of State DOCUMENT # A95000001875 1. Entity Name CITADEL I LIMITED PARTNERSHIP Principal Place of Business 1515 N. FEDERAL HWY., SUITE 306 1515 N. FEDERAL HWY., SUITE 302 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 59-3354180 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GENSHEIMER, MARK A Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY., SUITE 306 **BOCA RATON FL 33432** City 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 Signature, typed or printed name or registered agent and title if applicable. DATE FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P95000086419 STREET ADDRESS NAME CITADEL I INCORPORATED STREET ADDRESS 1515 N. FEDERAL HWY., SUITE 306 U00000739145 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33432** 05/14/07-80012-018-500.00 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZSP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CIJY-SJ-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 14. I horoby 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 offect as if made under eath; 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 Mark A, Gensheimer, Presiden

Mark A. Gensheimer, President Citadel I Incorporated General Partner

Citadel I Limited Partnership

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