

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 13 AM 9:57

DOCUMENT # A97000000055 1. Entity Name VIATICAL INVESTMENT I, LTD.			
Principal Place of Business 8220 STATE ROAD 84, SUITE 200 DAVIE, FL 33324		Mailing Address 8220 STATE ROAD 84, SUITE 200 DAVIE, FL 33324	
2. Principal Place of Business Suite, Apt. #, etc. 7320 GRIFFIN ROAD		3. Mailing Address Suite, Apt. #, etc. 7320 GRIFFIN ROAD	
City & State SUITE 203 DAVIE, FL 33314		City & State SUITE 203 DAVIE, FL 33314	
Zip DAVIE, FL 33314		Zip DAVIE, FL 33314	
4. FEI Number 65-0696686		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 BARR, DANIEL A 8220 STATE ROAD 84, SUITE 200 DAVIE, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7320 GRIFFIN ROAD SUITE 203 City DAVIE, FL 33314 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$335,703.20		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000074191 VIATICAL PARTNERS, INC. 8220 STATE ROAD 84, SUITE 200 DAVIE, FL 33324	STREET ADDRESS CITY-ST-ZIP	7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314
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14. I hereby certify that the information supplied with this filing does not qualify 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:

AS PRESIDENT OF
 VIATICAL PARTNERS, INC.
 GENERAL PARTNER

Date **1/5/05**

Daytime Phone #