

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 13 AM 10:58

DOCUMENT # A97000000055 1. Entity Name VIATICAL INVESTMENT I, LTD.			
Principal Place of Business 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314		Mailing Address 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	
2. Principal Place of Business Suite, Apt. #, etc. 14201 W. Sunrise Blvd		3. Mailing Address Suite, Apt. #, etc. 14201 W. Sunrise Blvd	
City & State Suite 201 Sunrise, FL 33323		City & State Suite 201 Sunrise, FL 33323	
Zip Country		Zip Country	
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 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14201 W. Sunrise Blvd Suite 201 City Sunrise, FL 33323 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>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000074191 VIATICAL PARTNERS, INC. 7320 GRIFFIN ROAD, SUITE 203 DAVIE, FL 33314	STREET ADDRESS CITY-ST-ZIP	14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323
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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: <i>[Signature]</i> AS PRESIDENT OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VIATICAL PARTNERS, INC. Date 1/10/06 Daytime Phone #			

STAPLE CHECK HERE