



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 9:26

DOCUMENT # A97000000849 1. Entity Name ALF I LTD.					
Principal Place of Business 11311 SW 95 CIRCLE OCALA, FL 34481				Mailing Address 125 N.E. FIRST AVENUE, SUITE 1 OCALA, FL 34470	
2. Principal Place of Business		3. Mailing Address 11311 SW 95 CIRCLE		 03272006 Chg-LP CR2E003 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCALA FL			
Zip		Zip 34481			
Country		Country USA		4. FEI Number 65-0760303	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAINES, TIM D 125 N.E. FIRST AVENUE, SUITE 1 OCALA, FL 34470				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 _____ <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 #	L96000000548			STREET ADDRESS	11311 SW 95 CIRCLE
NAME	CARRIAGE HOUSE OF OCALA, L.C.			CITY-ST-ZIP	OCALA FL 34481
STREET ADDRESS	744 S.E. 22ND AVENUE				
CITY-ST-ZIP	OCALA, FL 34474				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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>Arthur Raskie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: 4/5/06 (352) Daytime Phone #: 861-2504	

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