2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 06, 2005 08:00 AM Secretary of State

DOCUMENT # A9800000470 1. Entity Name SANTA FE PARTNERS I, LTD.				E	Šecretary o	
Principal Place		Mailing Address				
11207 N.W. Gainesville		11207 N.W. 1211 Gainesville, Fl			Ì	
		7	- F			
2. Principal Place of Business		3. Mailing Address				
Suite, Apl	#. elc.	Suite, Apt. #, etc.		02072005 Chg-LP	CR2E003 (10/03)	
City & State -		City & State		4. FEI Number 65-0813588	Applied For Not Applicable	
Zìp	Country	Zip	Coun	itry	5. Certificate of Status Desi	\$9.75 Additional
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of N	
MULLER, CHARLES E II			<u>-</u> -	Name Street Address (P.O. Box Number is Not Acceptable)		
9350 S. DI. MIAMI, FL	XIE HWY., SUITE 1550 33156			Street Address (P.O. Box Number is Not Acce	p(able)
•						Zip Code
			· · · · · · · · · · · · · · · · · · ·	City		
	named entity submits this statement nons of registered agent.	it for the purpose of chang	ing its register	ed office or register	ed agent, or both, in the State	of Florida. I am familiar with, and accep
GNATURE -	Signature, would or printed name of registered as	gent and trig if applicable.	<u> </u>			DATE
9. Capital Co. as Shown :	ntributions et a 200 000 00	10 Amount of	Capital Contrit A to date.	anoitude		
	A GENERAL PARTNE	R THAT IS A BUSINES	S ENTITY M	IUST BE REGIST e; an amendmen	TERED AND ACTIVE WIT	H THIS OFFICE. a general pariner.
2.	GENERAL PARTI		13.			S CHANGES ONLY
adcument # Name	P97000090376 SANTA FE MANAGEMENT, INC.		STRE	EET ADDRESS		
STREET ADDRESS STY-51-ZIP	11207 N.W. 12TH PLACE GAINESVILLE, FL 32606	<u> </u>	ÇπY	'-ST-ZIP		
DOCUMENT#			STA	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP			спу	-ST-ZIP	05/46	0000363655 205-90007-035 536 35
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ocçiment # IAME			STRE	EFT ADDRESS		
STRÉE ADDRESS City - St - Zip		<u></u>		-SI-ZIP		
indicated	certify that the information supplied on this report is true and accurate a ver or trustee empowered to execute ALANINII.	and that my signature shall this report as required by	i have the same	e legal effect as if m	ection 119.07(3)(i), Florida Stat nade under oath, that I am a G	utes. I further certify that the information teneral Partner of the limited partnership
SIGNAT	URE: Lamie	OR FRINTED NAME OF SIGNING		7	465/0	5 352.332-587 Desymme Phone #