


2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 10 AM 9:06

<b>DOCUMENT # A98000002730</b>			
1. Entity Name MCDANEL FAMILY PARTNERSHIP I, LTD.			
Principal Place of Business 3150 PACKARD AVE ST. CLOUD, FL 34772		Mailing Address 3150 PACKARD AVE ST. CLOUD, FL 34772	
2. Principal Place of Business 505 N. John Young Pkwy Suite, Apt. #, etc. Suite A. City & State Kissimmee, FL. Zip 34741 Country OSCEOLA		3. Mailing Address 505 N. John Young Pkwy Suite, Apt. #, etc. Suite A. City & State Kissimmee, FL Zip 34741 Country OSCEOLA	
		02242006 Chg-LP CR2E003 (11/05)	
		4. FEI Number 59-3546129	
		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 MCDANEL, MICHAEL J 3150 PACKARD AVE. ST. CLOUD, FL 34772		7. Name and Address of New Registered Agent Name JAMES O. GAY, JR. Street Address (P.O. Box Number is Not Acceptable) 505 N. JOHN YOUNG PKWY., SUITE A City KISSIMMEE FL Zip Code 34741	
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 <i>James O. Gay, Jr.</i> Signature, typed or printed name of registered agent and date if applicable.		JAMES O. GAY, JR. 3-3-2006 DATE	
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 #	MCDANEL, MICHAEL J TRUSTEE	STREET ADDRESS	
NAME	3150PACKARD AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ST. CLOUD, FL 34772		
CITY-ST-ZIP			
DOCUMENT #	MCDANEL, MICHAEL J TRUSTEE	STREET ADDRESS	
NAME	3150PACKARD AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ST. CLOUD, FL 34772		100065533631
CITY-ST-ZIP			03/23/06--01049--008 **500.00
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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>Michael J. McDanel</i>		3-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		Daytime Phone #	

STAPLE CHECK HERE