


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A98000002730		
1. Entity Name MCDANEL FAMILY PARTNERSHIP I, LTD.		
Principal Place of Business 505 N JOHN YOUNG PKWY SUITE A KISSIMMEE FL 34741	Mailing Address 505 N JOHN YOUNG PKWY SUITE A KISSIMMEE FL 34741	
2. Principal Place of Business - No P.O. Box # 507 N. John Young PKWY Suite, Apt. #, etc.	3. Mailing Address 507 N John Young PKWY Suite, Apt. #, etc.	

FILED

07 FEB 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

City & State Kissimmee FL	City & State Kissimmee FL	4. FEI Number 59-3546129	Applied For Not Applicable
Zip 34741	Country USA	Zip 34741	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

GAY, JAMES O JR
505 N JOHN YOUNG PKWY
SUITE A
KISSIMMEE FL 34741

Name
James O. Gay Jr.
Street Address (P.O. Box Number is Not Acceptable)
507 N John Young PKWY
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 James O. Gay Jr. James O. Gay Jr. 1-31-2007
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	5075 state Hwy 21 East
NAME	3150PACKARD AVENUE	CITY- ST- ZIP	Crockett, TX 75835-5216
STREET ADDRESS	ST. CLOUD FL 34772	STREET ADDRESS	5075 State Hwy 21 East
CITY- ST- ZIP		CITY- ST- ZIP	Crockett, TX 75835-5216
DOCUMENT #	MCDANEL, MICHAEL J TRUSTEE	STREET ADDRESS	
NAME	3150PACKARD AVENUE	CITY- ST- ZIP	
STREET ADDRESS	ST. CLOUD FL 34772	CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP	

000089614680
02/27/07--01057--031 **500.00

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: Michael J. McDanel Michael J. McDanel : 2-8-07 936-402-4692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE