


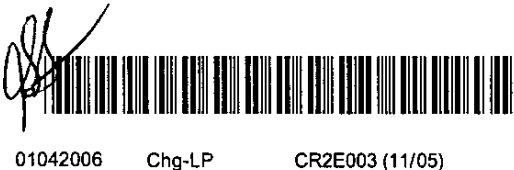
**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A99000000344</b> 1. Entity Name <b>SHOLEY I, LTD.</b>	
---	---

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN -9 AM 10:50

Principal Place of Business <b>P.O. BOX 15109</b> <b>CLEARWATER, FL 33766-5109</b>	Mailing Address <b>P.O. BOX 15109</b> <b>CLEARWATER, FL 33766-5109</b>
--	--

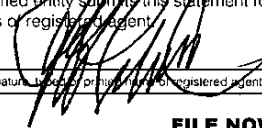
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042006 Chg-LP CR2E003 (11/05)

<b>6. Name and Address of Current Registered Agent</b> SCHOENBAUM, JEFFREY <del>2900 EAGLE ESTATES</del> <del>CIRCLE WEST</del> <del>CLEARWATER, FL 33761</del>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>2877 Cobblestone Dr</b> City <b>Palm Harbor</b> FL Zip Code <b>34684</b>
---	--

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  **Jeffrey Schoenbaum, Pres of GP 1/5/06** DATE

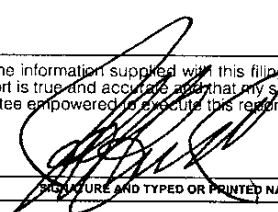
**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	P99000015720	STREET ADDRESS	
NAME	J.S. SCHOENBAUM CAPITAL MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 15109		
CITY-ST-ZIP	CLEARWATER, FL 337665109		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

500063961345  
 01/18/06--01039--020 \*\*\$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:**  **Jeffrey Schoenbaum 1/5/06 727-726-7103**  
 Pres. of GP Date Daytime Phone #

STAPLE CHECK HERE