


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # B05000000510 1. Entity Name ALUMNI PARTNERS I, L.P.	
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Principal Place of Business 595 BAY ISLES ROAD, SUITE 120-G LONGBOAT KEY, FL 34228	Mailing Address 595 BAY ISLES ROAD, SUITE 120-G LONGBOAT KEY, FL 34228
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03072007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

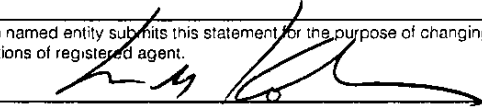
4. FEI Number 01-0559316	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOBREN, ERIC M 595 BAY ISLES ROAD, SUITE 120-G LONGBOAT KEY, FL 34228
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**DO NOT WRITE
IN THIS SPACE**

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



Signature, typed or printed name of registered agent and title if applicable

3/14/07

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT #	M05000006407
NAME	ALUMNI CAPITAL, LLC
STREET ADDRESS	595 BAY ISLES ROAD, SUITE 120-G
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80008-018 508.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/07

Date

941-387-7770

Daytime Phone #

STAPLE CHECK HERE