

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000510

Entity Name: ALUMNI PARTNERS I, L.P.

**FILED**  
**Apr 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

595 BAY ISLES ROAD, SUITE 120-G  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

595 BAY ISLES ROAD, SUITE 120-G  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 01-0559316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOBREN, ERIC M  
595 BAY ISLES ROAD, SUITE 120-G  
LONGBOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M05000006407  
Name: ALUMNI CAPITAL, LLC  
Address: 595 BAY ISLES ROAD, SUITE 120-G  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC M KOBREN, MEMBER

MEMB

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date