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

## FILED May 01, 2006 08:00 AM Secretary of State

	Due By M	lay 1, 2006		Secretary of State
DOCUMENT # B9700000484				seer every or seere
1. Entity Name FC/WRE REALTY ASSOCIATES I, L.P.				
Principal Plac	e of Business	Mailing Address	1	
ONE PARK ROW PROVIDENCE, RI 02903		P.O. BOX 6187 PROVIDENCE, RI 02940		E TERRITOR TERE MANN SEETH RESS DESSE DENS BRITE EARLY BEST BEST BEST BEST BEST BEST BEST BE
DO NOT WRITE IN THIS SPA			\CE	01172006 No Chg-LP
	f. Name and Advisor of Custom	t Societe and Agent		5. Certificate of Status Desired  Fee Required
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525				DO NOT WRITE IN THIS SPACE
the obligat	a named entity submits this statement ( tions of registered agent.  Signature, typed or printed name of registered agen		lared office or registe	red agent, or both, in the State of Florida. I am lamiliar with, and according to bate
	FILE NO	Will FEE IS \$500.00 2006, Fee Will be \$900.00		
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. If must be filed to change a general partner.
12.	GENERAL PARTNE		· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B9700000483 WREIF-FORT MYERS, L.P. ONE PARK ROW, 4TH FLOOR PROVIDENCE, RI 02903			£00000554785
Document # Name Street address Chy-St-Zip	·			05/16/06-80004-014 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
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DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS				

14. I hereby certify that the information supplied with this filling does not quality 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 eath; that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: