## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

## **DOCUMENT # A01000000070**

1. Entity Name LAKE AUSTIN PROPERTIES I, LTD.



**FILED** Feb 06, 2007 08:00 AM Secretary of State

Principal Place of Business

3050 MICHIGAN AVENUE KISSIMMEE, FL 34744

Mailing Address

3050 MICHIGAN AVENUE KISSIMMEE, FL 34744



DO NOT WRITE IN THIS SPACE

01292007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 59-3689794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

OXLEY, PAUL 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744

the obligations of registered agent.

SIGNATURE: .

## DO NOT WRITE IN THIS SPACE

| SIGNATURE  |  |                           |
|--|--|---------------------------|
|  | Signature, typed or printed name of registered agent and little if applicable. | DATE                      |
| FILE NOW!!! FEE IS \$500.00<br>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 #   | P01000004996   |                           |
| NAME   | GFD, INC.  |                           |
| STREET ADDRESS   | 3050 MICHIGAN AVENUE   |                           |
| CITY-ST-ZIP  | KISSIMMEE, FL 34744  |                           |
| DOCUMENT#  |  | U00000624584              |
| NAME   |  | 02/14/07-80040-014 500.00 |
| STREET ADDRESS   |  |                           |
| CITY-ST-ZIP  |  |                           |
| DOCUMENT #   |  |                           |
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| STREET ADDRESS   |  | DO NOT WRITE              |
| CITY-ST-ZIP  |  | IN THIS SPACE             |
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| STREET ADDRESS<br>CITY-ST-ZIP  |  |                           |
|  |  |                           |
| DOCUMENT#  |  |                           |
| NAME<br>STREET ADDRESS   |  |                           |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                           |
|  |  |                           |
| DOCUMENT #   |  |                           |
| NAME<br>STREET ADDRESS   |  |                           |
| CITY-ST-ZIP  |  |                           |
|  |  |                           |
| 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 |  |                           |

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