


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -3 PM 6:30


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0100000070	
1. Entity Name LAKE AUSTIN PROPERTIES I, LTD.	

Principal Place of Business 1503 WEST SMITH ST. ORLANDO, FL 32804	Mailing Address 1503 WEST SMITH ST. ORLANDO, FL 32804
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2. Principal Place of Business 7512 Dr. Phillips Blvd Suite, Apt. #, etc. Ste 50, Mail Box 514 City & State Orlando, FL	3. Mailing Address 7512 Dr. Phillips Blvd Suite, Apt. #, etc. Ste 50, Mail Box 514 City & State Orlando, FL
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Zip 32819	Country USA	Zip 32819	Country USA
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04222004	Chg-LP
CR2E003 (10/03)	
4. FEI Number 59-3689794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAMP, MARTIN F 2 S. ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801	Name DUPREEZ, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7512 Dr. Phillips Blvd, Ste 50 City Orlando FL Zip Code 32819

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.

GEORGE F. DUPREEZ

SIGNATURE _____ DATE _____

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 474,444
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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 # P0100004996	NAME GFD, INC.	STREET ADDRESS 7512 Dr. Phillips Blvd, Ste 50	
STREET ADDRESS 1503 WEST SMITH ST.	CITY-ST-ZIP ORLANDO, FL 32804	CITY-ST-ZIP Orlando, FL 32819	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	400036544864
DOCUMENT #	NAME	STREET ADDRESS	05/18/04--01033--002 **526.25
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **GEORGE F. DUPREEZ**
 PRESIDENT, GFD, INC. *[Signature]* **4-30-04** **407-351-5936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

GENERAL PARTNER