
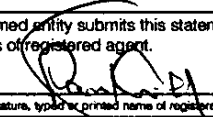
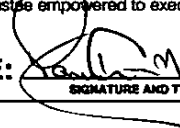


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # A0100000070</b>  |   |    |  |
| 1. Entity Name<br>LAKE AUSTIN PROPERTIES I, LTD.   |   |   |  |
| Principal Place of Business<br>7512 DR. PHILLIPS BLVD., STE 50<br>MAIL BOX 514<br>ORLANDO, FL 32819  |   | Mailing Address<br>7512 DR. PHILLIPS BLVD., STE 50<br>MAIL BOX 514<br>ORLANDO, FL 32819   |  |
| 2. Principal Place of Business<br><b>3050 MICHIGAN AVENUE</b>  |   | 3. Mailing Address<br><b>3050 MICHIGAN AVENUE</b>   |  |
| Suite, Apt. #, etc.<br><b>KISSIMMEE</b>  |   | Suite, Apt. #, etc.<br><b>KISSIMMEE</b>   |  |
| City & State<br><b>FLORIDA</b>   |   | City & State<br><b>FLORIDA</b>  |  |
| Zip<br><b>34744</b>  | Country<br><b>USA</b>   | Zip<br><b>34744</b>   | Country<br><b>USA</b>  |
| 4. FEI Number<br><b>59-3689794</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>DUPREEZ, GEORGE</b><br>7512 DR. PHILLIPS BLVD., STE 50<br>MAIL BOX 514<br>ORLANDO, FL 32819  |   | 7. Name and Address of New Registered Agent<br>Name <b>PAUL OXLEY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3050 MICHIGAN AVENUE</b><br>City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34744</b> |  |
| 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.<br>SIGNATURE  <b>PAUL OXLEY, PRESIDENT, GFD INC., GENERAL PARTNER</b> <b>APRIL 15, 2005</b><br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>   |   | 10. Amount of Capital Contributions in FLORIDA to date.   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |   |   |  |
| 12. GENERAL PARTNER INFORMATION  |   | 13. ADDRESS CHANGES ONLY  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P01000004996</b><br><b>GFD, INC.</b><br><b>7512 DR. PHILLIPS BLVD., STE 50</b><br><b>ORLANDO, FL 32819</b> | STREET ADDRESS<br>CITY - ST - ZIP   | <b>3050 MICHIGAN AVENUE</b><br><b>KISSIMMEE, FLORIDA 34744</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | STREET ADDRESS<br>CITY - ST - ZIP   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | STREET ADDRESS<br>CITY - ST - ZIP   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | STREET ADDRESS<br>CITY - ST - ZIP   | <b>300054039583</b><br><b>05/09/05--01016--020 **526.25</b>    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | STREET ADDRESS<br>CITY - ST - ZIP   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | STREET ADDRESS<br>CITY - ST - ZIP   |  |
| 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                      |   |   |  |
| <b>SIGNATURE:</b>   |   | <b>PAUL OXLEY, PRESIDENT, GFD INC., GENERAL PARTNER</b> <b>APRIL 15, 2005</b> <b>(407) 518 7433</b><br><small>Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #</small>           |  |



STAPLE CHECK HERE