

141-25  
 1/11/05

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB 21 AM 11:21

DOCUMENT # A05000000005					
1. Entity Name FLORIDA INVESTORS LTD REAL ESTATE FUND I					
Principal Place of Business 10501 SIX MILE CYPRESS PARKWAY SUITE 105K FORT MYERS, FL 33912-6400 US			Mailing Address 10501 SIX MILE CYPRESS PARKWAY SUITE 105K FORT MYERS, FL 33912-6400 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>00-2130213</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FLORIDA INVESTORS LLC 10501 SIX MILE CYPRESS PARKWAY SUITE 105K FORT MYERS, FL 33912-6400			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$500.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$500.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 #	L04000058609		STREET ADDRESS		
NAME	FLORIDA INVESTORS LLC		CITY-ST-ZIP		
STREET ADDRESS	10501 SIX MILE CYPRESS PARKWAY				
CITY-ST-ZIP	FT MYERS, FL 33991				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
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.					
SIGNATURE: <i>[Signature]</i>			Date: <b>2-15-05</b>		Daytime Phone #: <b>239-278-5800</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE