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W05-17825 J. BRYAN APR - 8 2005

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HOUSEHOLDER ACCOUNTING SERVICES, INC.

5600 North River Road, Suite 800 Rosemont, Illinois 60018 847-993-3155 Fax 847-292-4404

March 31, 2005

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Gibraltar Fund I FEIN: 04-3677561

Dear Registration Section:

Enclosed you will find the following forms and payments from Gibraltar Fund I:

Certificate of Limited Partnership

Affidavit of Capital Contributions for Florida Limited Partnership

Check in the amount of \$ 1,785 representing the \$ 1,750 application fee and \$ 35 for the designation of a registered agent.

All questions regarding this Limited Partnership should be directed to David Schimel, General Partner and Registered Agent, at 7347 Sedona Way, Delray Beach, FL 33446. His telephone number is 561-638-6476.

I am available if you have any additional questions.

Sincerely,

Roger A. Householder, CPA Accountant for Gibraltar Fund I

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Commission of the Commission o



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2005

ROGER A. HOUSEHOLDER, CPA HOUSEHOLDER ACCOUNTING SERVICES, INC. 5600 NORTH RIVER ROAD, SUITE 800 ROSEMONT, IL 60018

SUBJECT: GIBRALTAR FUND I, L.P.

Ref. Number: W05000017825

We have received your document for GIBRALTAR FUND I, L.P. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 905A00024114

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CERTIFICATE OF LIMITED PARTNERSHIP

1. GIBRALTAR FUND	I LIMITED PARTNERSHIP "Limited", "Ltd.", or "Limited Partnership")
(Name of Limited Partnership; must contain a suffix such as	"Limited", "Ltd.", or "Limited Partnership")
2. 7347 SEDONAWAY DE (Business address of Limited	Partnership)
3. DAVID SCHIMEL, MD (Name of Registered Agent for Se	rvice of Process)
4. 7347 SEDONAWAY DO (Florida street address for Regi	EL RAY BEACH, FL 33446 Istered Agent)
5. Registered Agent must sign here to accept designation as	Registered Agent for Service of Process)
6. 7347 SEDONA WAY DE (Mailing Address of the Limite	EL RAY BEACH, FL 33446 d Partnership)
7. The latest date upon which the Limited Partnership 8. Name(s) of general partner(s): DAUID SCHIMEL MD	is to be dissolved is: 2050 Street address: 7347 SEDONA WAY DELRAY BEACH, FL 33446
Under penalties of perjury I (we) declare that I (we) he contents thereof and that the facts stated herein are tri	
Signed this 29 TH day of MARCH	<u> </u>
Signature of all general partners:	·
General Partner	General Partner
General Partner	General Partner 25
General Partner	General Partner
	<u>4</u> = -

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

	LIMITED	PARTNERSHIP)
Florida Limited Partn	ership, certify:		
he amount of capital co	ontributions to date o	of the limited partners is \$ _ 2,	301, 555,00
The total amount contributals $\frac{2}{30}$, $\frac{30}{5}$	-	to be contributed by the limited	d partners at this time
igned this 29 ^{T4} da		H , 200	<u>5</u> .
Inder the penalties of p	erjury I (we) declare	that I (we) have read the foregoin are true and correct.	oing and know the
Dam Plum General Partne) MM ar	General Partner	<u> </u>
General Partne	2 1	General Partner	2005 APP 25 PH 1
		General Partner	DIS APP 25 PH