2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK

SIGNATURE:

SECRETARY OF STATE **DOCUMENT # A93000000907** DIVISION OF CORPORATIONS FLORIDA INCOME ADVANTAGE FUND I, LTD. 05 MAY II AMII: On Principal Place of Business Mailing Address **GROVE AT LAKELAND SQUARE GROVE AT LAKELAND SQUARE** 3570 US HWY. 98 N. 3570 US HWY. 98 N. LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address 109 West Commercial St 109 West Commercial St. Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E003 (10/03) Chg-LP City & State City & State Applied For 4. FEI Number Sanford, Florida Sanford, Florida 65-0438411 Not Applicable Country Country USA <sup>Zip</sup>32771 \$8.75 Additional 5. Certificate of Status Desired 32771 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barcap Realty Services Group; Inc. BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE Street Address (P.O. Box Number is Not Acceptable) 3570 US HWY. 98 N. LAKELAND, FL 33809 109 West Commercial Street Zip Code 32771 City Sanford 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P95000007305 DOCUMENT # STREET ADDRESS 109 West Commercial Street NAME BARON CAPITAL IV, INC. STREET ADDRESS 3570 US HWY 98 N. CITY-ST-ZIP Sanford, Florida 32771 CITY-ST-ZIP LAKELAND, FL 33809 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS STREET ADDRESS 900055914759 06/08/05--01067 - 015 - \*\*14 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ALJRESS CITY+ST-ZIP CITY-ST-ZIP 14. I he eby 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

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