


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 APR 29 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000908	
1. Entity Name FLORIDA INCOME APPRECIATION FUND I, LTD.	

Principal Place of Business GROVE AT LAKELAND SQUARE 3570 US HWY. 98 LAKELAND, FL 33809	Mailing Address GROVE AT LAKELAND SQUARE 3570 US HWY. 98 LAKELAND, FL 33809
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2. Principal Place of Business Grove At Lakeland Square Suite, Apt. #, etc. 3570 US Hwy 98 n. City & State Lakeland, FL Zip 33809 Country US	3. Mailing Address Grove At Lakeland Square Suite, Apt. #, etc. 3570 US Hwy 98 n. City & State Lakeland, FL Zip 33809 Country US
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04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0438409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY. 98 LAKELAND, FL 33809
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Grove At Lakeland Square 3570 US Hwy 98 n. City Lakeland FL Zip Code 33809
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000007305 BARON CAPITAL IV, INC. 7826 COOPER RD CINCINNATI, OH 45242	STREET ADDRESS CITY-ST-ZIP	3570 US Hwy. 98 n. Lakeland, FL 33809
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: J. Stephen Miller 4-28-04 (863)853-2882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE