


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**

**Feb 17, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A94000001631</b>					
1. Entity Name <b>CHRISTENSEN FAMILY I, LTD.</b>					
Principal Place of Business <b>9117 BAY POINT DRIVE ORLANDO FL 32819</b>		Mailing Address <b>9117 BAY POINT DRIVE ORLANDO FL 32819</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3282162</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHRISTENSEN, PAUL E 9117 BAY POINT DRIVE ORLANDO FL 32819</b>				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.		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
		<b>\$1,543,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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 #	NAME			STREET ADDRESS	
NAME	CHRISTENSEN, PAUL E			CITY-ST-ZIP	
STREET ADDRESS	9117 BAY POINT DRIVE				
CITY-ST-ZIP	ORLANDO FL 32819				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	CHRISTENSEN, ELIZABETH P			CITY-ST-ZIP	
STREET ADDRESS	9117 BAY POINT DRIVE				
CITY-ST-ZIP	ORLANDO FL 32819				
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NAME				CITY-ST-ZIP	
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>Elizabeth P. Christensen</i> <b>ELIZABETH P. CHRISTENSEN</b> 2/4/04 407-876-3145					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date: _____ Daytime Phone # _____					



MOORE CR2E003 (11/03)

Applied For  
Not Applicable

**FL**

Zip Code

DATE

02/23/04-80017-013 526.25

STAPLE CHECK HERE