


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A94000001631 |  |
| 1. Entity Name CHRISTENSEN FAMILY I, LTD. | |

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| Principal Place of Business 9117 BAY POINT DRIVE ORLANDO FL 32819 | Mailing Address 9117 BAY POINT DRIVE ORLANDO FL 32819 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1ST MOORE CR2E003 (10/04)

| | |
|--|---|
| 4. FEI Number 59-3282162 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHRISTENSEN, PAUL E 9117 BAY POINT DRIVE ORLANDO FL 32819 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 Signature, typed or printed name of registered agent and title if applicable | DATE |
| 9. Capital Contributions as Shown on record. \$1,543,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 |
| | CHRISTENSEN, PAUL E | | |
| | 9117 BAY POINT DRIVE | | |
| | ORLANDO FL 32819 | | |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | CHRISTENSEN, ELIZABETH P | | |
| | 9117 BAY POINT DRIVE | | |
| | ORLANDO FL 32819 | | |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
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02/16/05-80005-013 526.25

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: *Elizabeth P. Christensen, General Partner* **2/5/05** **407-876-3145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE