

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

DOCUMENT # A94000001631

1. Entity Name  
 CHRISTENSEN FAMILY I, LTD.



Principal Place of Business  
 9117 BAY POINT DRIVE  
 ORLANDO, FL 32819

Mailing Address  
 9117 BAY POINT DRIVE  
 ORLANDO, FL 32819

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**



01262006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-3282162</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTENSEN, PAUL E  
 9117 BAY POINT DRIVE  
 ORLANDO, FL 32819

**DO NOT WRITE  
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT #	CHRISTENSEN, PAUL E
NAME	
STREET ADDRESS	9117 BAY POINT DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
DOCUMENT #	CHRISTENSEN, ELIZABETH P
NAME	
STREET ADDRESS	9117 BAY POINT DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000041773D  
 02/13/06-80066-015 \$00.00

**DO NOT WRITE  
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Paul E. Christensen* 4/1/06 407-876-3145 Daytime Phone #