

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**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**



01202008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3282162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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, 2008, 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 #

NAME

**CHRISTENSEN, PAUL E**

STREET ADDRESS

**9117 BAY POINT DRIVE**

CITY-ST-ZIP

**ORLANDO, FL 32819**

DOCUMENT #

NAME

**CHRISTENSEN, ELIZABETH P**

STREET ADDRESS

**9117 BAY POINT DRIVE**

CITY-ST-ZIP

**ORLANDO, FL 32819**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

000000819940  
02/18/08-80008-017 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paul E Christensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2-4-2008*

Date

Daytime Phone #

*407  
876-3145*

STAPLE CHECK HERE