



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

<b>DOCUMENT # B03000000220</b>					
1. Entity Name BRIDGETON REAL FUND I, L.P.					
Principal Place of Business 7540 WINDSOR DR. STE. 205 ALLENTOWN, PA 18195			Mailing Address 7540 WINDSOR DR. STE. 205 ALLENTOWN, PA 18195		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABELSON, J.JAMES 1623 N US#1-SUITE A-3 SEBASTIAN, FL 32958			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL 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. \$800,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$675,000.00		\$926.25	
<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	7535 Windsor Drive, Suite 306
STREET ADDRESS	7540 WINDSOR DR. STE. 205			CITY-ST-ZIP	Alentown, PA 18195
CITY-ST-ZIP	ALLENTOWN, PA 18195			STREET ADDRESS	200041272372
DOCUMENT #	NAME			CITY-ST-ZIP	09/23/04--01005--004 **926.25
STREET ADDRESS	2190 47TH TERR			STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32966			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	FRETZ, DAVID R			CITY-ST-ZIP	
CITY-ST-ZIP	188 JEFFERSON ST.			STREET ADDRESS	
DOCUMENT #	NAME			CITY-ST-ZIP	
STREET ADDRESS	EMMAUS, PA 18049			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP				STREET ADDRESS	
DOCUMENT #	NAME			CITY-ST-ZIP	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:  Stephen Roseme				8/16/04 610-395-5525	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

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SECRETARY OF STATE



08112004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-4220986 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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