


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

541.25

**FILED**  
 04 AUG 18 PM 3:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B9800000591**

1. Entity Name  
**LAKE POWELL I LIMITED PARTNERSHIP**



Principal Place of Business  
**1 SUNAMERICA CENTER, CENTURY CITY  
 LOS ANGELES, CA 90067**

Mailing Address  
**1 SUNAMERICA CENTER, CENTURY CITY  
 LOS ANGELES, CA 90067**

MK



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

08062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**72-1428464**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$33.33**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	F00000005394
NAME	DIL/SAHP CORP.
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY
CITY-ST-ZIP	LOS ANGELES, CA 900676022
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	580041056105
CITY-ST-ZIP	09/14/04--01024--007 **1623.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:**  **Michael L. Fowler**  
 President

Date: **8/6/2004** Daytime Phone #: **(310) 772-6000**