

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**



FILED

04 JAN 30 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

DOCUMENT # A00000001866				1. Entity Name A.D. FISCHER ENTERPRISES, LTD.	
Principal Place of Business 10770 N.W. 66TH STREET, APT. 303 MIAMI FL 33178			Mailing Address 10770 N.W. 66TH STREET, APT. 303 MIAMI FL 33178		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1061710 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, ARTHUR D 10770 N.W. 66TH STREET, APT. 303 MIAMI FL 33178			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 6,000,000.00		11. MAKE CHECK PAYABLE TO: FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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	300027917023	
	FISCHER, ARTHUR D			01/30/04--01022--009 **526.25	
	10770 N.W. 66TH STREET, APT. 303		CITY-ST-ZIP		
	MIAMI FL 33178			300027916140	
DOCUMENT #	NAME		STREET ADDRESS	01/29/04--01077--008 **526.25	
	STREET ADDRESS				
	CITY-ST-ZIP				
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	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: <i>Arthur D Fischer</i>			Date: <i>1/21/04</i>		Daytime Phone #: <i>(305) 594-6909</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE