

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

DOCUMENT # A0000001866

1. Entity Name:
A.D. FISCHER ENTERPRISES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -8 PM 12:33

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

AS



2. Principal Place of Business
9130 S. DADELAND BLVD.

3. Mailing Address
9130 S. DADELAND BLVD.

01182005 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.
SUITE # 1623

Suite, Apt. #, etc.
1623

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-1061710 Applied For
Not Applicable

Zip
33156-7851 Country
USA

Zip
33156-7851 Country
- USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, ARTHUR D
10770 N.W. 66TH STREET, APT. 303
MIAMI, FL 33178

Name
FISCHER FAMILY TRUST
Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD.
SUITE # 1623
City
MIAMI FL Zip Code
33156-7851

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
Arthur D Fischer
Signature, typed or printed name of registered agent and title if applicable.

2/4/05
DATE

9. Capital Contributions as Shown on record. \$6,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 6,000,000

**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 #	LANCELLA, PABLO TRUSTEE	STREET ADDRESS	
NAME	9130 S. DADELAND BLVD., SUITE 1623	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 331567851		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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: *Pablo Lancellata*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/05
Date

305-670-4848
Daytime Phone #