


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

**FILED
Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # A00000001866
1. Entity Name
A.D. FISCHER ENTERPRISES, LTD.



Principal Place of Business 9130 S DADELAND BLVD. SUITE 1623 MIAMI, FL 33156-7851	Mailing Address 9130 S DADELAND BLVD. SUITE 1623 MIAMI, FL 33156-7851
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01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1061710	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FISCHER FAMILY TRUST
9130 S DADELAND BLVD.
SUITE 1623
MIAMI, FL 32156-7851

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 STREET ADDRESS CITY - ST - ZIP	LANCELLA, PABLO TRUSTEE 9130 S. DADELAND BLVD., SUITE 1623 MIAMI, FL 331567851
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01/16/08-80048-019 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: Pablo Lancelli **TRUSTEE** 1/8/08 305-670-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #