

**2004 LIMITED PARTNERSHIP REINSTATEMENT**


FILED

2004 OCT 22 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A0100001670**

1. Entity Name  
FISHER CREEK ASSOCIATES, LTD.



Principal Place of Business  
4801 ULMERTON ROAD  
CLEARWATER, FL 34622

Mailing Address  
4801 ULMERTON ROAD  
CLEARWATER, FL 34622

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



10192004 REIN-LP CR2E100 (6/04)

4. FEI Number  
**36-6516345**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAIN, JERRY K  
4801-ULMERTON ROAD  
CLEARWATER, FL 34622

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. **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,980.00**

**\$641.25**

**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 #	P01000117820
NAME	FISHER CREEK ASSOCIATES, INC.
STREET ADDRESS	4801 ULMERTON ROAD
CITY-ST-ZIP	CLEARWATER, FL 34622
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	800042633748 11/10/04--01037--001 **641.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**REINSTATEMENT 04 SA**

STAPLE CHECK HERE

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: **JERRY K. MCLAIN, TREASURER** *Jerry K. McLain* 10/20/04 787-512-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #