


2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 OCT 22 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001670		
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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10192004 REIN-LP CR2E100 (6/04)

4. FEI Number 36-6516345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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
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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 CITY-ST-ZIP	P01000117820 FISHER CREEK ASSOCIATES, INC. 4801 ULMERTON ROAD CLEARWATER, FL 34622	STREET ADDRESS CITY-ST-ZIP	800042633748 11/10/04--01037--001 **641.25
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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* 10/20/04 727-512-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #