2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 05, 2005 08:00 AM Secretary of State

DOCUMENT # A0100001670  1. Entity Name FISHER CREEK ASSOCIATES, LTD.					Secretary of State
Principal Place of Business 4801 ULMERTON ROAD CLEARWATER, FL 34622		Mailing Address 4801 ULMERTON ROAD CLEARWATER, FL 34622			
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04252005 Chg-LP CR2E003 (10/03)
City & State		City & State		<del> </del>	4. FEI Number Applied For. 36-6516345 Not Applied For.
Ζφ	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
5. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
MCLAIN, JERRY K 4801 ULMERTON ROAD				Street Address (	(P.O. Box Number is Not Acceptable)
CLEARWATER, FL 34622					A STATE OF THE STA
				City	FL Zip Code
	named entity submits this statemer ions of registered agent.	t for the purpose of changing	) its register	red office or register	red agent, or both, in the State of Florida. I am famillar with, and accep
SIGNATURE					
9. Capital Co		10. Amount of Ca			DATE
as Shown				A 1,980.	TERED AND ACTIVE WITH THIS OFFICE.
12.	NOTE: General Partners	MAY NOT be changed o	n the forn	n; an amendmer	nt must be filed to change a general partner.  ADDRESS CHANGES ONLY
DOCUMENT #	P01000117820	<u> </u>		ELT ADDRESS	ADDITION OF THE PROPERTY OF TH
NAME STREET ADDRESS CHY-ST-ZIP	FISHER CREEK ASSOCIATE 4801 ULMERTON ROAD CLEARWATER, FL 34622	S, INC.	City	Y-\$1-ZIP	
DCCUMENT # NAME			STR	EET ADORESS	
STREET ADDRESS CHY-ST-ZIP			cin	Y-ST-ZIP	000000363166 05/05/05-80149-002 141.25
DOCUMENT # NAME			STR	ELT ADDRESS	
STREET AUDRESS City - St - Zip			Cin	Y-\$1-7IP	
DOCUMENT #			SIR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y~ST-ZIP	
DOCUMENT #			SIR	ELI ADORESS	***
STREET ADDRESS CITY-ST-ZIP			cir	Y-ST-ZIP	
DOCUMENT #		1:	SIR	ILL I ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			1	Y-S1-ZIP	
14. I horoby a indicated the receiv	certify that the information supplied on this report is true and accurate ver or trustee empowered to execut FISHEC CR	with this filing does not qualify and that my signature shall hat this report as required by C	y for the exe ave the sam hapter 620,	emption stated in Se re legal effect as if r Florida Statutes	ection 119.07(3)(i). Florida Statutes. I further cortify that the information made under oath, that I am a General Pariner of the limited partnership