

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:44

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

33762 33762

04182006 Chg-LP CR2E003 (11/05)

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
Fred O. Lindsey

Street Address (P.O. Box Number is Not Acceptable)
4801 ULMERTON RD

City
CLEARWATER

FL Zip Code
33762

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 Fred O. Lindsey, Fred O. Lindsey 4-18-06
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

P01000117820
FISHER CREEK ASSOCIATES, INC.
4801 ULMERTON ROAD
CLEARWATER, FL 34622

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

33762

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

600074697646
05/17/06--01004--020 **500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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: William G. Babcock TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/2006
Date Daytime Phone #

William G. BABCOCK

727-572-7000

STAPLE CHECK HERE