


**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 Mailing Address
4801 ULMERTON ROAD 4801 ULMERTON ROAD
CLEARWATER, FL 34622 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 Applied For
36-6516345 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 DATE 4-18-06

**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 #	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	33762
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 Date 4/18/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone # 727-572-7000

STAPLE CHECK HERE