


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001670


1. Entity Name
FISHER CREEK ASSOCIATES, LTD.



FILED

03 MAR -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

4. FEI Number 36-6516345	Applied For
	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 _____

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	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P01000117820	STREET ADDRESS	
NAME	FISHER CREEK ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	4801 ULMERTON ROAD		
CITY-ST-ZIP	CLEARWATER FL 34622		
DOCUMENT #		STREET ADDRESS	100013697341
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STREET ADDRESS			
CITY-ST-ZIP			

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.

FISHER CREEK ASSOCIATES, INC.

SIGNATURE: **JERRY K MCLAIN, TREASURER** *Jerry K. McLain* **3/4/03** **927-512-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)