2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: JERRYLKYMOLATNE TREASURER

A01000001670 DOCUMENT # 1. Entity Name FILED FISHER CREEK ASSOCIATES, LTD. 03 MAR -7 AM 11:51 Principal Place of Business Mailing Address 4801 ULMERTON ROAD 4801 ULMERTON ROAD SKETARY OF STATE PAHASSEE, FLORID **CLEARWATER FL 34622** CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 36-6516345 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 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** City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$10,000,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1.980,00 as Shown on record. in FLORIDA to date.-SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY P01000117820 DOCUMENT # STREET ADDRESS FISHER CREEK ASSOCIATES, INC. NAME 4801 ULMERTON ROAD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34622** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <u> 100013697341</u> ^{U3/07/U3--01069--011} **141.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP M THOMAS DOCUMENT # STREET ADDRESS NAME 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 FIGHER CREEK ASSCRITES, INC.