2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 9:33

DOCUMENT # A04000002044

1. Entity Name
ANDERSON FISKE PARTNERS LIMITED

Principal Place of Business	Mailing Address
2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431	2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431

03252005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
123 Quincy Circle Suite, Apt. #, etc.	P.O. Box 4937 Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH, FL.	City & State: SANTA ROSA BEACH, FL.
Zip: 32459 Country: USA	Zip: 32459 Country: USA

4. FEI Number: 20-1995312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCIARRETTA, STEVEN A ESQ 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431	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. Amount of Capital Contributions in FLORIDA to date.
$1,000,000.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000092561	STREET ADDRESS	P.O. Box 4937
NAME	ANDERSON FISKE MANAGEMENT, LLC	CITY-ST-ZIP	Santa Rosa Beach, FL. 32459
STREET ADDRESS	2300 GLADES ROAD, SUITE 302-EAST		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: Helen Sandra Fiske Helen Sandra Fiske 3/26/05 239-293-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #