

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A04000002044

1. Entity Name  
ANDERSON FISKE PARTNERS LIMITED



Principal Place of Business  
123 QUINCY CIRCLE  
SANTA ROSA BEACH, FL 32459

Mailing Address  
PO BOX 4937  
SANTA ROSA BEACH, FL 32459

FILED

2007 APR -3 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

SCIARRETTA, STEVEN A ESQ  
2300 GLADES ROAD, SUITE 302-EAST  
BOCA RATON, FL 33431  
2799 N.W. BOCA RATON BLVD. #203  
BOCA RATON, FL. 33431

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # L04000092561  
NAME ANDERSON FISKE MANAGEMENT, LLC  
STREET ADDRESS PO BOX 4937  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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STREET ADDRESS  
CITY-ST-ZIP

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300096163573  
04/09/07--01005--003 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Helen S. Fiske Anderson, G.P. (HELEN S. FISKE ANDERSON) 3/16/07 239-293-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE