


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 28, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---------------------|---|---|---|--|
| DOCUMENT # A24807 1. Entity Name FISHHAWK INVESTMENT FUND, LTD. | | | |  | |
| Principal Place of Business 611 WEST BAY STREET TAMPA, FL 33606 | | | Mailing Address 611 WEST BAY STREET TAMPA, FL 33606 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01202005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number NOT APPLICABLE | | | | 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 CROSS, GLEN E 611 WEST BAY STREET TAMPA, FL 33606 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$10,500,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| 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 # | NAME | | STREET ADDRESS | | |
| NAME | SHIMBERG, MANDELL | | CITY-ST-ZIP | | |
| STREET ADDRESS | 611 WEST BAY STREET | | CITY-ST-ZIP | 0000000002514 | |
| CITY-ST-ZIP | TAMPA, FL 33606 | | CITY-ST-ZIP | 01/28/05-80113-018 526.25 | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | CROSS, GLEN E | | CITY-ST-ZIP | | |
| STREET ADDRESS | 611 WEST BAY STREET | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | TAMPA, FL 33606 | | CITY-ST-ZIP | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> GLEN CROSS | | | Date: 01/28/05 Daytime Phone #: 8136770608 | | |

STAPLE CHECK HERE