


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

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A24807</b>			
1. Entity Name <b>FISHHAWK INVESTMENT FUND, LTD.</b>			
Principal Place of Business <b>611 WEST BAY STREET TAMPA, FL 33606</b>		Mailing Address <b>611 WEST BAY STREET TAMPA, FL 33606</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
• Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>NOT APPLICABLE</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CROSS, GLEN E 611 WEST BAY STREET TAMPA, FL 33606</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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			
<b>FILE NOW!!! FEE IS \$500.00</b>			
<b>After May 1, 2007, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>SHIMBERG, MANDELL</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>611 WEST BAY STREET</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>CROSS, GLEN E</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>611 WEST BAY STREET</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>		
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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 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: _____		Date _____	
Signature and typed or printed name of signing general partner		Daytime Phone # _____	

STAPLE CHECK HERE

**1-8-07 813-661-1713**