


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A24807 1. Entity Name FISHHAWK INVESTMENT FUND, LTD.	
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FILED

08 FEB 21 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 611 WEST BAY STREET TAMPA, FL 33606	Mailing Address 611 WEST BAY STREET TAMPA, FL 33606
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02112008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box # <i>17320 Ockman Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>17320 Ockman Rd</i> Suite, Apt. #, etc.
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City & State <i>LITHIA FL</i> Zip <i>33547 Hillsborough</i>	City & State <i>LITHIA FL</i> Zip <i>33547 Hillsborough</i>
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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) <i>17320 Ockman Rd</i> City <i>LITHIA</i> FL Zip Code <i>33547</i>
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SHIMBERG, MANDELL		
	STREET ADDRESS		
	611 WEST BAY STREET		
	CITY-ST-ZIP		
	TAMPA, FL 33606		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CROSS, GLEN E	<i>17320 Ockman Rd</i>	
	STREET ADDRESS	<i>LITHIA, FL</i>	<i>33547</i>
	611 WEST BAY STREET		
	CITY-ST-ZIP		
	TAMPA, FL 33606		
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	CITY-ST-ZIP		

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 02/19/08--01026--008 **500.00

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: *Glen E. Cross* *2-15-08* *813-240-0933*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE