2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24807

1. Entity Name
FISHHAWK INVESTMENT FUND, LTD.

FILED
03 FEB 21 PM 4: 12
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

2. Principal Place of Business		3. Mailing Address P O BOX 489	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State RIVERVIEW, FL	
Zip	Country	Zip 33568-0489	Country

DUE BY MAY 1, 2003

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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   Zip Code

000012961540

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

9. Capital Contributions as Shown on record. $10,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	SHIMBERG, MANDELL		
STREET ADDRESS	611 WEST BAY STREET		
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	CROSS, GLEN E		
STREET ADDRESS	611 WEST BAY STREET		
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
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CR2E003 (10/02)

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: SIGNATURE REQUIRED Glen E. Cross   02/11/03   813 672 0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #