

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001711

1. Entity Name
GARY FISHER LIMITED PARTNERSHIP



Principal Place of Business
**358 NORTHEAST ALICE STREET
JENSEN BEACH, FL 34957**

Mailing Address
**358 NORTHEAST ALICE STREET
JENSEN BEACH, FL 34957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032006

Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0851644

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISHER, GARY
358 NORTHEAST ALICE STREET
JENSEN BEACH, FL 34957**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
**FISHER, GARY K
358 NORTHEAST ALICE STREET
JENSEN BEACH, FL 34957**

STREET ADDRESS

CITY-ST-ZIP

000000570035
07/13/06-80013-005 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FISHER, CHERYL
358 NORTHEAST ALICE STREET
JENSEN BEACH, FL 34957**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

Gary Fisher

GARY FISHER

7/4/06

772-334-4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE