2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Jan 19, 2007 08:00 AM
Secretary of State

1. Entity Name
GARY FISHER LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

358 NORTHEAST ALICE STREET JENSEN BEACH, FL. 34957

358 NORTHEAST ALICE STREET JENSEN BEACH, FL 34957



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LP

CR2E003 (12/06)

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

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

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent. 	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE 18 \$500.00 After May 1, 2007, 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	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FISHER, GARY K 358 NORTHEAST ALICE STREET JENSEN BEACH, FL 34957
-	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FISHER, CHERYL 358 NORTHEAST ALICE STREET JENSEN BEACH, FL 34957
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
:	DOCUMENT # NAME STREET ADDRESS	

U00000593877 01/22/07-80049-018 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTN

GARY FISHER

1/12/07 772-334-440

Daytime Phone #