


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000002840			
1. Entity Name ELIZABETH FISHER INVESTMENTS, LTD.			
Principal Place of Business 4381 VENETIA BOULEVARD JACKSONVILLE FL 32210		Mailing Address 4381 VENETIA BOULEVARD JACKSONVILLE FL 32210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 MAY -3 PM 6:30
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



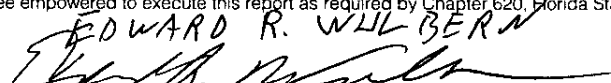
MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR. 315 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32802		7. Name and Address of New Registered Agent Name WILLIAM R. LOWMAN, JR. Street Address (P.O. Box Number is Not Acceptable) SHILFIELD LOWMAN, GATEWAY CENTER 1000 LEGION PLACE, SUITE 1700 City ORLANDO FL Zip Code 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$4,000,000.00	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 #	NAME	STREET ADDRESS	
NAME	WULBERN, JOHN C	CITY-ST-ZIP	
STREET ADDRESS	910 S. HIMES AVENUE		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WULBERN, EDWARD R	700036546817	
STREET ADDRESS	4381 VENETIA BOULEVARD	05/18/04--01034--019 **526.25	
CITY-ST-ZIP	JACKSONVILLE FL 32210		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/04 **(904) 384-3713**
Date Daytime Phone #

STAPLE CHECK HERE