


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000066**  
 1. Entity Name  
**FISHER FAMILY PARTNERSHIP, LTD.**




Principal Place of Business  
**616 4TH KEY DRIVE**  
**FORT LAUDERDALE, FL 33304**

Mailing Address  
**616 4TH KEY DRIVE**  
**FORT LAUDERDALE, FL 33304**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0884307** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**FEINERMAN, GLORETTE A**  
**616 4TH KEY DRIVE**  
**FORT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$1,600,000.00**

**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 #	FEINERMAN, GLORETTA A	STREET ADDRESS	
NAME	616 4TH KEY DRIVE	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE, FL 33304		
CITY-ST-ZIP			
DOCUMENT #	FEINERMAN, STANLEY S	STREET ADDRESS	
NAME	616 4TH KEY DRIVE	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE, FL 33304		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/06/04-80003-017-526-25

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Glorette A. Feinerman **GLORETTE A. FEINERMAN** 04/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #