

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001018</b>					
<b>1. Entity Name</b> FISHER TREE TOP INVESTMENT LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 1249 SEAGRAPE LANE SANIBEL, FL 33957			<b>Mailing Address</b> 1249 SEAGRAPE LANE SANIBEL, FL 33957		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 06-1551371	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FISHER, JOSEPH C 1249 SEAGRAPE LANE SANIBEL, FL 33957				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float: right;"><b>DATE</b></span>					
<b>9. Capital Contributions as Shown on record.</b> \$1,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$ 1,000.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FISHER, JOSEPH C 1249 SEAGRAPE LANE SANIBEL, FL 33957			<b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	_____ _____
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____			<b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	_____ _____
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____			<b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	_____ _____
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____			<b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	_____ _____
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____			<b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	_____ _____
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____			<b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	_____ _____
<b>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</b>					
<b>SIGNATURE:</b> <i>Joseph C Fisher</i>				4/8/05 (239) 472-2700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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