2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

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	DUE BY SEPTI								
DOCU 1. Entity Nam	•			FILED 2007 AUG 20 AM 8: 49					
FISCO INVESTMENT MANAGEMENT, LP									
Principal Plac	·	L				U AM 8	: 49		
319 CLEMATIS STREET, SUITE 901 319 CLEMATIS STREET WEST PALM BEACH FL 33401 WEST PALM BEACH FL						SECRETARY OF STATE			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 312 Clematis Street 312 Clem			natis	atis Street					
	e 500	Suite Apt. #. etc. Suite 500 City & State					MOORE	CR2E003	· ,
West Palm Beach FL		West Falm Beach			L	4. FEI Number 82-0558988 Applied For Not Applicable			
Zip Country 33401		3340/	3340/		5. Certificate of Status Desired See Required Fee Required			e Required	
6. Name and Address of Current Registered Agent				Name		7. Name and Ac	dress of New Re	gistered Age	ent
AM0 319 WE:			ddress (P.C	O. Box Number is	Not Acceptable	Suite	2 500		
Gill e						lm B	eads	FL	Zic Code 33401
8. The above named entity submits this statement for the purpose of changing its regist in the State of Florida. I am familiar with, and accept the obligations of registered ager					 		s.607.193 the \$400.0	00 late fee. B	Hows for the waiver of By checking this box,
SIGNATURE the limited partnership of Signature typed or printed name of registered agent and talent applicable to the limited partnership of receive prior notice. Fee									
File Now!!! Fee is \$900:00 • Due By September 5, 2007									
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							ADDRESS CHA		
DOCUMENT #	AMORY, C. MINOT III 141 BRAZILIAN			ET ADDRESS					USA
STREET ADDRESS CITY-ST-ZIP				-S1-ZIP					10
DOCUMENT # NAME	HAYNES, HARRY E III		STRE	ET ADDRESS	450	Pacifi	c Grove	Prive	., Unit #6
STREET ADDRESS CITY-ST-ZIP	5646 RIVER OAKS PLACE ATLANTA GA 30327		CITY	-ST- <i>Z</i> IP			Brach		•
DOCUMENT # NAME	(•	
STREET ADDRESS 314 TUXEDO CITY-ST-ZIP WEST PALM BEACH FL 33401			CITY	-ST- Z IP		5131 09/29/0	701033	3454 003 **	5 500.00
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
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DOCUMENT #			STRE	ET ADDRESS		····			
STREET ADDRESS CITY-ST-ZIP			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: X 11 au 2. H au nu 7-18-07 (561) 253-6652									
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Daylare Phone #									