


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # A00000001616
1. Entity Name
HICKS REAL ESTATE ENTERPRISES, LTD.



Principal Place of Business Mailing Address
**9290 S.W. 120TH STREET
MIAMI FL 33156** **P.O. BOX 560876
MIAMI FL 33156**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number Applied For / Not Applied
65-1052462
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES FL 33146**

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	L00000011913
NAME	HICKS VENTURES, L.L.C.
STREET ADDRESS	1345 MENDAVIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33146
DOCUMENT #	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	000000465341
CITY-ST-ZIP	03/22/06-80032-016 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

STAPLE CHECK HERE

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: *John Hicks Ventures, LLC* 3-6-06 305-233-5341