


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

DOCUMENT # A9500000729 1. Entity Name MXHX, LTD.	
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Principal Place of Business 2295 CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431-0810	Mailing Address 2295 CORPORATED BLVD, NW SUITE 222 BOCA RATON, FL 33431
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0579175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431-0810	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	DATE
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**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 # P95000036468 NAME G-P MX, INC. STREET ADDRESS 2295 CORPORATE BLVD., SUITE 222 CITY-ST-ZIP BOCA RATON, FL 334310810	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;">300054031233</div> <div style="text-align: center;">05/06/05--01109--004 **5238.75</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: right; font-weight: bold;">FF # 14.25</div> <div style="text-align: right; font-weight: bold;">CUS 8.75</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

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: <i>[Handwritten Signature]</i> Controller of GP	Date: 3/22/05 Daytime Phone #
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