

2005 LIMITED PARTNERSHIP ANNUAL REPORT


Due By May 1, 2005

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000001137					
1. Entity Name HIGIER GROUP, LTD.					
Principal Place of Business 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143			Mailing Address 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1040847	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ONE S.E. 3RD AVENUE, SUITE 2400 THERREL BAISDEN MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P00000069003		STREET ADDRESS	988852173459	
NAME	MMK INVESTMENTS, INC.		CITY-ST-ZIP	04/27/05--01003--002 **655.00	
STREET ADDRESS	1541 SUNSET DRIVE, STE. 300				
CITY-ST-ZIP	CORAL GABLES, FL 33143				
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CITY-ST-ZIP					
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>[Signature]</i>			Date: 4/13/05 305-666-2140		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE