

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Aug 14, 2006 08:00 AM
Secretary of State

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**



05012006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M
ONE S.E. 3RD AVENUE, SUITE 2400
THERREL BAISDEN
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 # **P00000069003**
NAME **MMK INVESTMENTS, INC.**
STREET ADDRESS **1541 SUNSET DRIVE, STE. 300**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

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U000000574182
09/14/06-80001-007 2050.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE