


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A00000001574			
1. Entity Name HKS INVESTMENTS, LTD.			
Principal Place of Business 536 BUTLER ST. WINDERMERE, FL 34786		Mailing Address P.O. BOX 122 WINDERMERE, FL 34786	
2. Principal Place of Business 3340 WAKBERRY COURT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WINDERMERE, FL		City & State	
Zip 34786-7843	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent STRUBE, STEPHEN K 2814 SILVER STAR ROAD. ORLANDO, FL 32808		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. Capital Contributions as Shown on record, \$448,014.00		10. Amount of Capital Contributions in FLORIDA to date, \$448,014.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	STRUBE, STEPHEN K		
STREET ADDRESS	P.O. BOX 122	CITY-ST-ZIP	
	WINDERMERE, FL 34786		
DOCUMENT #	NAME	STREET ADDRESS	
	STRUBE, CYNTHIA P		
STREET ADDRESS	P.O. BOX 122	CITY-ST-ZIP	
	WINDERMERE, FL 34786		
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STREET ADDRESS		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>Stephen K. Strube</i>		Date	Day/Time Phone #
STEPHEN K. STRUBE		4-13-05	(407) 876-5287

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