2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

Mar 04, 2004 08:00 AM DOCUMENT # A0000001616 Secretary of State 1. Entity Name HICKS REAL ESTATE ENTERPRISES, LTD. Principal Place of Business Mading Address P.O. BOX 560876 MIAMI FL 33156 8290 S.W. 120TH STREET MIAMI FL 33156 2. Principal Place of Business 3. Mading Address a, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) ity & State City & State 4. FEI Number Applied For 65-1052462 Not Applicable Country Country Zio Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 City Zio 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, typed or printed name of registered agent and title if applicable DÁTE 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$2,500,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L00000011913 DOCUMENT # STREET ADDRESS HICKS VENTURES, L.L.C. NAME STREET ADDRESS 1345 MENDAVIA AVENUE CITY-ST-ZIP U00000087453 CORAL GABLES FL 33146 CITY-ST-ZIP 03/15/04-80011-023-526.25 SOCHMENT # STREET ADDRESS STREET ADDRESS CETY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-719 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 path, 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

Mule Council Partner 2-27-04

FILED