

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001463	
1. Entity Name MOHICAN ENTERPRISES, LLLP	

FILED
2005 APR 14 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4133 ORR RANCH ROAD SANTA ROSA, CA 95404	Mailing Address 4133 ORR RANCH ROAD SANTA ROSA, CA 95404
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2. Principal Place of Business 1000 Vicars Landing Suite, Apt. #, etc. A-204 City & State Ponte Vedra Bch, FL Zip 32082 Country St. Johns	3. Mailing Address 1000 Vicars Landing Suite, Apt. #, etc. A-204 City & State Ponte Vedra Bch, FL Zip 32082 Country St. Johns
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01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1608299	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEEK, JACOB R 1 INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202	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.

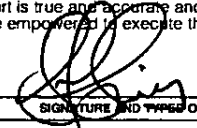
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 6,374,262.00	11. \$526.25
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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 #	P04000128623	STREET ADDRESS	
NAME	HEADING UP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4133 ORR RANCH ROAD		
CITY-ST-ZIP	SANTA ROSA, CA 95404		
DOCUMENT #		STREET ADDRESS	500054020735
NAME		CITY-ST-ZIP	05/06/05--01080--016 **526.25
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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:  Gregory F. Sims 4/4/05 707/585-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Pres. Heading Up, Inc.

STAPLE CHECK HERE