


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

|   |   |
|---|---|
| <b>DOCUMENT # A14432</b><br>1. Entity Name<br><b>HAWK'S CAY INVESTORS, LTD.</b> |  |
|---|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 AM 11:43

|  |   |
|--|---|
| Principal Place of Business<br><b>61 HAWK'S CAY BLVD<br/>DUCK KEY FL 33050</b> | Mailing Address<br><b>3907 N. FEDERAL HWY<br/>#108<br/>POMPANO BEACH FL 33064</b> |
|--|---|

|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address  |     |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         |
| City & State                   | City & State        |     |         |
| Zip                            | Country             | Zip | Country |

*[Handwritten mark]*



1ST MOORE CR2E003 (10/04)

|  |   |
|--|---|
| 4. FEI Number<br><b>59-2295281</b>   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>EDGAR, CHARLES W III<br/>CHERRY &amp; EDGAR, PA<br/>4400 PGA BLVD., SUITE 200<br/>PALM BEACH GARDENS FL 33410</b> | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
 See Block 11 instructions for fee info.

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. <b>\$25,938,247.00</b> | 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 #                      | G35924                      | STREET ADDRESS           |                                      |
| NAME                            | HAWK'S CAY MANAGEMENT, INC. | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  | 3907 N. FEDERAL HWY, #108   |                          |                                      |
| CITY-ST-ZIP                     | POMPANO BEACH FL 33064      |                          |                                      |
| DOCUMENT #                      |                             | STREET ADDRESS           | <b>700048399927</b>                  |
| NAME                            |                             | CITY-ST-ZIP              | <b>03/15/05--01011--005 **535.00</b> |
| STREET ADDRESS                  |                             |                          |                                      |
| CITY-ST-ZIP                     |                             |                          |                                      |
| DOCUMENT #                      |                             | STREET ADDRESS           |                                      |
| NAME                            |                             | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                             |                          |                                      |
| CITY-ST-ZIP                     |                             |                          |                                      |
| DOCUMENT #                      |                             | STREET ADDRESS           |                                      |
| NAME                            |                             | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                             |                          |                                      |
| CITY-ST-ZIP                     |                             |                          |                                      |
| DOCUMENT #                      |                             | STREET ADDRESS           |                                      |
| NAME                            |                             | CITY-ST-ZIP              |                                      |
| 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:**  **2-8-05** **954-941-8321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE