


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

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A32422 1. Entity Name DHI INVESTMENTS, LLLP	
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Principal Place of Business 1714 WEST STATE ROAD 84 FT. LAUDERDALE FL 33315	Mailing Address 1714 WEST STATE ROAD 84 FT. LAUDERDALE FL 33312
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State	4. FEI Number 65-0302695	Applied For Not Applicable
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent MAVERICK VENTURES CORP. 1714 WEST STATE ROAD 84 FT. LAUDERDALE FL 33315	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

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

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY - ST - ZIP	V02081 MAVERICK VENTURES CORP. 1216 CITRUS ISLE FT. LAUDERDALE FL	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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 file this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William P. Porter Jr* President/owner MAVERICK 2/3/05 954-4676755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #