


**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. |
|--|--|

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| 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 | |
|--|--|--|--|

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.

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| 9. Capital Contributions as Shown on record. \$250,000.00 | 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 | |
|---------------------------------|-------------------------|
| DOCUMENT # | V02081 |
| NAME | MAVERICK VENTURES CORP. |
| STREET ADDRESS | 1216 CITRUS ISLE |
| CITY-ST-ZIP | FT. LAUDERDALE FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | U00000222154 |
| CITY-ST-ZIP | 02/09/05 00002 007 528-25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 #