
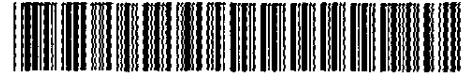


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # A32422</b>  |         |        |         |
| 1. Entity Name<br><b>DHI INVESTMENTS, LLLP</b>  |         |  |         |
| Principal Place of Business<br><b>1714 WEST STATE ROAD 84<br/>FT. LAUDERDALE FL 33315</b>   |         | Mailing Address<br><b>1714 WEST STATE ROAD 84<br/>FT. LAUDERDALE FL 33312</b>            |         |
| 2. Principal Place of Business  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| <b>5. Name and Address of Current Registered Agent</b>  |         | <b>7. Name and Address of New Registered Agent</b>                                       |         |
| <b>MAVERICK VENTURES CORP.<br/>1714 WEST STATE ROAD 84<br/>FT. LAUDERDALE FL 33315</b>  |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____   |         |



1st MOORE CR2E003 (10/05)

|   |   |
|---|---|
| 4. FEI Number<br><b>65-0302695</b>                        | Applied For<br><input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required               |

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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.**

STAPLE CHECK HERE

| 12. GENERAL PARTNER INFORMATION                     |  | 13. ADDRESS CHANGES ONLY      |   |
|---|--|-------------------------------|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V02081<br/>MAVERICK VENTURES CORP.<br/>1216 CITRUS ISLE<br/>FT. LAUDERDALE FL</b> | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP | <b>11100001455546<br/>03/22/06 80040-025 500.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *x William P. Porter Sr x William P. Porter, Res* **3/13/06 954-4676753**