


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

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000095	
1. Entity Name HICKS INVESTMENTS LTD.	

Principal Place of Business 3800 WASHINGTON ROAD, #401 WEST PALM BEACH FL 33405-2369	Mailing Address 3800 WASHINGTON ROAD, #401 WEST PALM BEACH FL 33405-2369
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1ST MOORE CR2E003 (10/04)

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

4. FEI Number 65-0395746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKS, H. S 3800 WASHINGTON ROAD, #401 WEST PALM BEACH FL 33405-2369	
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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.

9. Capital Contributions as Shown on record. \$471,000.00	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	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	HICKS, H S TRUSTEE 3800 WASHINGTON ROAD, #401 WEST PALM BEACH FL 33405-2369
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	PHILIPS, LORI 112 PARK AVENUE BREVARD NC 28712
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	ECHAVE, LESLIE 3453 CEDARWOOD TRAIL TALLAHASSEE FL 32312
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	03/22/05-0395746-004 505.85
STREET ADDRESS	
CITY ST ZIP	
STREET ADDRESS	
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: H.S.Hicks *H.S.Hicks* **2/22/2005** **(561)615-8666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SEE BLOCK 11