


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

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

**DOCUMENT # A93000000095**  
1. Entity Name  
**HICKS INVESTMENTS LTD.**



Principal Place of Business      Mailing Address  
**3800 WASHINGTON ROAD, #401  
WEST PALM BEACH FL 33405-2369**      **3800 WASHINGTON ROAD, #401  
WEST PALM BEACH FL 33405-2369**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E003 (10/05)  
4. FEI Number      Applied For / Not Applicable  
**65-0395746**  
5. Certificate of Status Desired       **\$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**

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.

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>HICKS, H S TRUSTEE 3800 WASHINGTON ROAD, #401 WEST PALM BEACH FL 33405-2369</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PHILIPS, LORI 112 PARK AVENUE BREVARD NC 28712</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ECHAVE, LESLIE 3453 CEDARWOOD TRAIL TALLAHASSEE FL 32312</b>	STREET ADDRESS CITY-ST-ZIP	
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03/22/06-80030-010 500.00

STAPLE CHECK HERE

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: H Hicks      2/23/06      5618040053