


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

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000000418			
1. Entity Name HECHTMAN FAMILY INVESTMENT COMPANY, LTD.			
Principal Place of Business 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436		Mailing Address 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436	
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 (10/04)

4. FEI Number 65-6230973		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		7. Name and Address of New Registered Agent	
HECHTMAN, WILLIAM 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record.	\$2,025,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

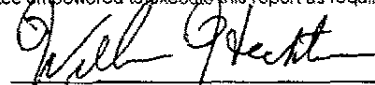
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	HECHTMAN, WILLIAM TRUSTEE	CITY- ST- ZIP	
	4650 SEXTANT CIRCLE		
	BOYNTON BEACH FL 33436		
DOCUMENT #	NAME	STREET ADDRESS	
	HECHTMAN, ELAINE TRUSTEE	CITY- ST- ZIP	
	4650 SEXTANT CIRCLE		
	BOYNTON BEACH FL 33436		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY- ST- ZIP	
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		CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY- ST- ZIP	

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02/02/05-80003-019 526.25

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/28/06