


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001038			
1. Entity Name MARICOPA INDEX HEDGE FUND, LTD.			
Principal Place of Business WEIL, GOTSHAL & MANGES LLP 701 BRICKELL AVENUE, SUITE 2100 MIAMI, FL 33131		Mailing Address WEIL, GOTSHAL & MANGES LLP 701 BRICKELL AVENUE, SUITE 2100 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WEIL, GOTSHAL & MANGES LLP 701 BRICKELL AVENUE, SUITE 2100 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$15,861,973.00		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 CITY-ST-ZIP	V64903 MARICOPA INTERNATIONAL INVESTMENT CORPORAT 701 BRICKELL AVE., #2100 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
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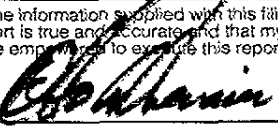


01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3446883 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Otto G. Obermaier, Receiver (see Attachment) 212-310-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE