

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001038**

1. Entity Name  
**MARICOPA INDEX HEDGE FUND, LTD.**



Principal Place of Business  
**1395 BRICKELL AVENUE, STE 1200**  
**MIAMI, FL 33131**

Mailing Address  
**1395 BRICKELL AVENUE, STE 1200**  
**MIAMI, FL 33131**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**59-3446883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIL, GOTSHAL & MANGES LLP**  
**1395 BRICKELL AVENUE, STE 1200**  
**MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # **V64903**  
NAME **MARICOPA INTERNATIONAL INVESTMENT CORPORAT**  
STREET ADDRESS **1395 BRICKELL AVENUE, STE 1200**  
CITY-ST-ZIP **MIAMI, FL 33131**

STREET ADDRESS  
CITY-ST-ZIP  
**000000730742**  
**05/08/07-80092-020 500.00**

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STREET ADDRESS  
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-18-07**

Date

**212 883-0000**

Daytime Phone #

STAPLE CHECK HERE