


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 17 AM 9:29

DOCUMENT #A97000002180 1. Entity Name FLICK INVESTMENTS, LTD.	
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Principal Place of Business 1119 COTORRO AVE CORAL GABLES, FL 33146	Mailing Address 1119 COTORRO AVE CORAL GABLES, FL 33146
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2. Principal Place of Business 1231 NW 95th Street Suite, Apt. #, etc.	3. Mailing Address 1231 NW 95th Street Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida
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Zip 33147	Country USA	Zip 33147	Country USA
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6. Name and Address of Current Registered Agent FLICK, JERRY G 1119 COTORRO AVE CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Michael Mitchner Street Address (P.O. Box Number is Not Acceptable) 1259 NW 95th Street City Miami FL Zip Code 33147
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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 Michael A. Mitchner Signature, typed or printed name of registered agent and title if applicable.	DATE 2/28/06
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FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # P97000078317 NAME FLICK INVESTMENTS, INC. STREET ADDRESS 1119 COTORRO AVE CITY-ST-ZIP CORAL GABLES, FL 33146	STREET ADDRESS CITY-ST-ZIP
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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: Michael A. Mitchner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE 2/28/06 365-836-8404 Date Daytime Phone #
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