



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

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002488</b> 1. Entity Name <b>HYPOLUXO COVE LIMITED PARTNERSHIP</b>							
Principal Place of Business _____ Mailing Address _____ <b>ONE SE 3RD AVENUE., SUITE 3100</b> <b>ONE SE 3RD AVENUE., SUITE 3100</b> <b>MIAMI FL 33131</b> <b>MIAMI FL 33131</b>				  1ST MOORE CR2E003 (10/04)			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0794213</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>11. FILE NOW!!! Due by May 1, 2005.</b> <b>See Block 11 instructions for fee info.</b>			
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>	
<b>HYPO, INC.</b> <b>ONE SE 3RD AVENUE., SUITE 3100</b> <b>MIAMI FL 33131</b>						Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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. <b>\$4,500,000.00</b>							
10. Amount of Capital Contributions in FLORIDA to date.				<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>						<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P97000097691			STREET ADDRESS			
NAME	HYPO, INC.			CITY-ST-ZIP			
STREET ADDRESS	ONE SE 3RD AVENUE., SUITE 3100						
CITY-ST-ZIP	MIAMI FL 33131						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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CITY-ST-ZIP							

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

**4-27-05**

Date

Daytime Phone #

STAPLE CHECK HERE