


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000845</b>		
1. Entity Name <b>MOORE-HICKS LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>ATTN: ALAN MOORE 800 BROADWAY LONGBOAT KEY FL 34228-1059</b>	Mailing Address <b>P.O. BOX 219 LONGBOAT KEY FL 34228</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number <b>65-0919789</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>HICKS, LYNDIA D 800 BROADWAY LONGBOAT KEY FL 34228-1059</b>	
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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 *Lynda D. Hicks* **Lynda D. Hicks / Secretary** **3/1/04**  
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	<b>MOORE, ALAN</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>800 BROADWAY</b>		
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228-1059</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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04/05/04-80001-020 526.25

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: *Lynda D. Hicks* **Lynda D. Hicks** **3/1/04** **941-383-1748**  
Signature and typed or printed name of signing general partner Date Daytime Phone #

STAPLE CHECK HERE