
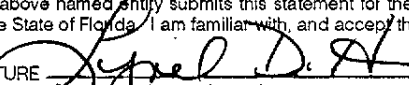


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000845			
1. Entity Name MOORE-HICKS LIMITED PARTNERSHIP			
Principal Place of Business ATTN: ALAN MOORE 800 BROADWAY LONGBOAT KEY FL 34228-1059		Mailing Address P.O. BOX 219 LONGBOAT KEY FL 34228	
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 HICKS, LYNDA D 800 BROADWAY LONGBOAT KEY FL 34228-1059		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  Secretary/Treasurer DATE 2/22/05 <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$5,000,000.00		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 #	MOORE, ALAN	STREET ADDRESS	
NAME	800 BROADWAY	CITY- ST- ZIP	
STREET ADDRESS	LONGBOAT KEY FL 34228-1059		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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CITY- ST- ZIP			



1ST MOORE CR2E003 (10/04)

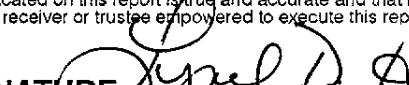
4. FEI Number **65-0919789** Applied For
Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

U00000345265
04/30/05-80029-005 526.25

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** **2/22/05** **941-383-1748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE