
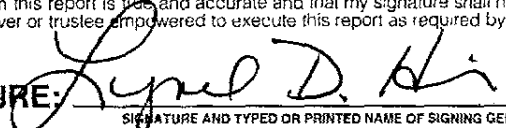


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 17, 2006 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 | | 4. FCI Number 65-0919789 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HICKS, LYNDA D 800 BROADWAY LONGBOAT KEY FL 34228-1059 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. | | | | | |
| 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 # | NAME | | | STREET ADDRESS | |
| NAME | MOORE, ALAN | | | CITY - ST - ZIP | |
| STREET ADDRESS | 800 BROADWAY | | | | |
| CITY - ST - ZIP | LONGBOAT KEY FL 34228-1059 | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| NAME | | | | CITY - ST - ZIP | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
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| CITY - ST - ZIP | | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| NAME | | | | CITY - ST - ZIP | |
| 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:  | | | | Date: 4/10/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Daytime Phone #: 941-383-1748 | |



1st MOORE CR2E003 (10/05)

Applied For
Not Applicable

FL Zip Code

000000515949
04/29/06-80231-003 500.00

STAPLE CHECK HERE