
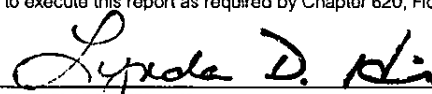


FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000000845 1. Entity Name MOORE-HICKS LIMITED PARTNERSHIP				FILED Apr 23, 2007 08:00 Secretary of State	
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 - No P.O. Box #		3. Mailing Address		1st MOORE CR2E003 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI 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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500.*** After May 1, 2007, 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 #			STREET ADDRESS		
NAME	MOORE, ALAN		CITY - ST - ZIP		
STREET ADDRESS	800 BROADWAY				
CITY - ST - ZIP	LONGBOAT KEY FL 34228-1059				
DOCUMENT #			STREET ADDRESS	U00000727297	
NAME			CITY - ST - ZIP	05/04/07-80041-024 500.00	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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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: 			4/16/07 941-383-1748		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		