2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001113

1. Entity Name
JOHN H. HIXON LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
ROUTE 1, BOX 305 FT. WHITE, FL 32038	3818 BETTES CIRCLE JACKSONVILLE, FL 32210

02252005 Chg-LP CR2E003 (10/03)

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: 59-3263845 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HIXON, JOHN H
ROUTE 1, BOX 305
FORT WHITE, FL 32038

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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $3,000,000.00

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 #		STREET ADDRESS	H00000314510
NAME	HIXON, JOHN H		
STREET ADDRESS	ROUTE 1, BOX 305	CITY-ST-ZIP	~~-04/18/05-00168-011 528.25~~
CITY-ST-ZIP	FT. WHITE, FL 32038		
DOCUMENT #		STREET ADDRESS	
NAME	HIXON, J. ELAINE		
STREET ADDRESS	ROUTE 1, BOX 305	CITY-ST-ZIP	
CITY-ST-ZIP	FT. WHITE, FL 32038		
DOCUMENT #		STREET ADDRESS	
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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: J. Elaine Hixon 4-10-05 904-389-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #