2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A94000001113

1. Entity Name

JOHN H. HIXON LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 AM 10:51

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

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3818 BETTES CR	
Suite, Apt. #, etc.	Suite, Apt. # SAME
City & State: JACKSONVILLE FL	City & State
Zip: 32210 Country: USA	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	7. Name and Address of New Registered Agent
HIXON, JOHN H ROUTE 1, BOX 305 FORT WHITE FL 32038 3818 BETTES CR JACKSONVILLE, FL 32210	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: John H. Hixon 1-28-07
Signature, typed or printed name of registered agent and title if applicable — DATE

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 # NAME STREET ADDRESS CITY-ST-ZIP	HIXON, JOHN H ROUTE 1, BOX 305 FT. WHITE FL 32038	STREET ADDRESS CITY ST ZIP	3818 BETTES CR JACKSONVILLE FL 32210
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HIXON, J. ELAINE ROUTE 1, BOX 305 FT. WHITE FL 32038	STREET ADDRESS CITY ST ZIP	3818 BETTES CR JACKSONVILLE FL 32210
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST ZIP	500097874515 02/09/07--01046--009 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST ZIP	

STAPLE CHECK HERE

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 receivor or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: J Elaine Hixon J. ELAINE HIXON 1-28-07 904-389-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #