2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# A94000001113

Entity Name: JOHN H. HIXON LIMITED PARTNERSHIP

Current Principal Place of Business:

3818 BETTES CR
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

3818 BETTES CR
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3263845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIXON, JOHN H
3818 BETTES CR
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #:
Name: HIXON, JOHN H
Address: 3818 BETTES CR
City-St-Zip: JACKSONVILLE, FL 32210
Document #:
Name: HIXON, J. ELAINE
Address: 3818 BETTES CR
City-St-Zip: JACKSONVILLE, FL 32210

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 GP 01/17/2009

Electronic Signature of Signing General Partner Date