2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9400001113 DOCUMENT # 1. Entity Name FILED JOHN H. HIXON LIMITED PARTNERSHIP 2003 FEB - 6 AM 10: 04 Principal Place of Business Mailing Address ROUTÉ 1. BOX 305 DIVISION OF CORPORATIONS 3818 BETTES CIRCLE FT. WHITE FL 32038 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-3263845 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) FORT WHITE FL 32038 City 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 and familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$3,000,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY DOCUMENT # CR2E003 (10/02) HIXON, JOHN H STREET ADDRESS NAME ROUTE 1, BOX 305 STREET ADDRESS CITY-ST-ZIP FT. WHITE FL 32038 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME HIXON, J. ELAINE **ROUTE 1, BOX 305** STREET ADDRESS CITY-ST-ZIP FT. WHITE FL 32038 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

<u>2-2-03</u>

404-389-414