


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001463</b> 1. Entity Name <b>HIGDON INVESTMENTS, LTD.</b>					
Principal Place of Business <b>217 NORTH MONROE STREET          TALLAHASSEE, FL 32301</b>			Mailing Address <b>217 NORTH MONROE STREET          TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-7189237</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAPITAL CITY TRUST COMPANY          ATTN: RANDY POPE          217 NORTH MONROE STREET          TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,100,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date <b>2,100,000.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP <b>CAPITAL CITY TRUST COMPANY, TRUSTEE          217 NORTH MONROE STREET          TALLAHASSEE, FL 32301</b>				STREET ADDRESS CITY - ST - ZIP	
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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.					
<b>SIGNATURE: By: <u>James R. White</u> Assistant Vice President</b>					
CAPITAL CITY TRUST COMPANY AS General Partner					
Date <b>4/29/04</b> Daytime Phone # <b>850-671-0343</b>					

STAPLE CHECK HERE