



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 SEP 19 PM 1:05	
1. Name of Limited Partnership MIXON, LTD.		1a. DOCUMENT # A21220			
Mailing Address P.O. BOX 8310 CORAL SPRINGS FL 33075-8310		Principal Office Address 5538 NW 106 DR. CORAL SPRINGS FL 33076		3. Date Formed or Registered 11/12/1985	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/04/1996	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$300,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FE# Number 59-2632424 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MIXON, JAMES A. 9980 REGENCY SQUARE BLVD. N. UNIT 622 JACKSONVILLE FL 32225-8444		10. If changed, new Registered Agent/Office Name Thomas A. Mixon Street Address (P.O. Box Number is Not Acceptable) 5538 N.W. 106 Drive Suite, Apt. #, etc. City Coral Springs, FL Zip Code 33076	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Thomas A. Mixon General Partner*

DATE 9/17/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MIXON, JAMES A.	7701 Timberlin Park Blvd., Apt. 917 9980 REGENCY SQUARE B	JACKSONVILLE FL 32225-32256	
MIXON, IRMA F., Estate of	7701 Timberlin Park Blvd., Apt. 917 9980 REGENCY SQUARE B	JACKSONVILLE FL 32225-32256	
MIXON, THOMAS A	5538 N.W. 106 Drive P.O. BOX 8310 N/A	CORAL SPRINGS FL 33076	

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-09/23/97-01102-007
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See

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Thomas A. Mixon General Partner

DATE 9/17/97

Typed or Printed Name of General Partner Signing Form

Thomas A. Mixon

Daytime Telephone Number

(954) 346-2622

CR2E003 (6/97)