

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

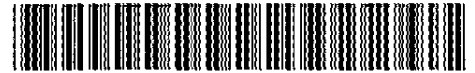
**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001113**  
1. Entity Name  
**JOHN H. HIXON LIMITED PARTNERSHIP**



Principal Place of Business  
**ROUTE 1, BOX 305  
FT. WHITE FL 32038**

Mailing Address  
**3818 BETTES CIRCLE  
JACKSONVILLE FL 32210**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E003 (10/05)

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  
**HIXON, JOHN H  
ROUTE 1, BOX 305  
FORT WHITE FL 32038**

7. Name and Address of New Registered Agent  
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 [Signature] DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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 #                      |                    | STREET ADDRESS           |  |
| NAME                            | HIXON, JOHN H      | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | ROUTE 1, BOX 305   |                          |  |
| CITY-ST-ZIP                     | FT. WHITE FL 32038 |                          |  |
| DOCUMENT #                      |                    | STREET ADDRESS           |  |
| NAME                            | HIXON, J. ELAINE   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | ROUTE 1, BOX 305   |                          |  |
| CITY-ST-ZIP                     | FT. WHITE FL 32038 |                          |  |
| DOCUMENT #                      |                    | STREET ADDRESS           |  |
| NAME                            |                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                    |                          |  |
| CITY-ST-ZIP                     |                    |                          |  |
| DOCUMENT #                      |                    | STREET ADDRESS           |  |
| NAME                            |                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                    |                          |  |
| CITY-ST-ZIP                     |                    |                          |  |
| DOCUMENT #                      |                    | STREET ADDRESS           |  |
| NAME                            |                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                    |                          |  |
| CITY-ST-ZIP                     |                    |                          |  |

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

SIGNATURE: [Signature] 2-6-06 904-389-4141

STAPLE CHECK HERE