2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A94000001113

1. Entity Name

JOHN H. HIXON LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 AM 10:51

Principal Place of Business	Mailing Address
ROUTE 1, BOX 305 FT. WHITE FL 32038	3818 BETTES CIRCLE JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3818 BETTES CR	
Suite, Apt. #, etc.	Suite, Apt. # SAME
City & State: JACKSONVILLE FL	City & State
Zip: 32210 / Country: USA	Zip / Country

1st MOORE CR2E003 (10/06)

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	7. Name and Address of New Registered Agent
HIXON, JOHN H ROUTE 1, BOX 305 FORT WHITE FL 32038 3818 BETTES CR JACKSONVILLE, FL 32210	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 John H. Hixon — Signature, typed or printed name of registered agent and title if applicable — DATE 1-28-07

FILE NOW!!! Fee is $500. * After May 1, 2007, 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	3818 BETTES CR
NAME	HIXON, JOHN H	CITY ST ZIP	JACKSONVILLE FL 32210
STREET ADDRESS	ROUTE 1, BOX 305		
CITY ST ZIP	FT. WHITE FL 32038		
DOCUMENT #		STREET ADDRESS	3818 BETTES CR
NAME	HIXON, J. ELAINE	CITY ST ZIP	JACKSONVILLE FL 32210
STREET ADDRESS	ROUTE 1, BOX 305		
CITY ST ZIP	FT. WHITE FL 32038		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

STAPLE CHECK HERE

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: J Elaine Hixon — J. ELAINE HIXON — 1-28-07 — 904-389-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #