

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A95000001074

1. Entity Name
HIXIE HOLDINGS, LTD.



SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 27 AM 11:35

Principal Place of Business
12395 BANYAN ROAD
NORTH PALM BEACH, FL 33408

Mailing Address
12395 BANYAN ROAD
NORTH PALM BEACH, FL 33408

2. Principal Place of Business
411 Jupiter Lane

3. Mailing Address
411 Jupiter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 REIN-LP CR2E100 (11/05)

City & State
Juno Beach, FL

City & State
Juno Beach, FL

4. FEI Number
65-0603764

Applied For
Not Applicable

Zip Country
33408-2012 USA

Zip Country
33408-2012 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, HIXIE ANN
12395 BANYAN ROAD
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name
Stephens, Hixie A.
Street Address (P.O. Box Number is Not Acceptable)
411 Jupiter Lane

City Juno Beach FL Zip Code 33408-2012

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE *Stephens, Hixie A.*

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

1-18-06

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

DOCUMENT # P95000051894
NAME STEPHENS MANAGEMENT, INC.
STREET ADDRESS 12395 BANYAN ROAD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

13. ADDRESS CHANGES ONLY

STREET ADDRESS 411 Jupiter Lane
CITY-ST-ZIP Juno Beach, FL 33408-2012

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT 05-06

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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: *Stephens, Hixie A.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-18-06

Date

Daytime Phone #

STAPLE CHECK HERE