

1996

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 NOV 15 AM 10:35

1. Name of Limited Partnership: HixVest, Ltd. 1a. DOCUMENT #: A96000001630

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Mailing Address: 4400 Marsh Landing Pkwy. Suite 7 Ponte Vedra Beach, FL 32082 Principal Office Address: 4400 Marsh Landing Pkwy. Suite 7 Ponte Vedra Beach, FL 32082

Suite, Apt # etc City, State & Zip

2a. New Principal Office Address, If Applicable

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

Suite, Apt #, etc.

3. Date Formed or Registered to Do Business in FLORIDA: 09/04/96 3a. Date of Last Report: n/a 4. State or Country of Formation: Florida

City, State & Zip

5a. Capital Contributions as Shown on Record: 5,940,000 5b. Amount of Capital Contributions in FLORIDA to date: 5,940,000 6. FEI Number: 59-3397804 Applied For: Not Applicable 7. CERTIFICATE OF STATUS REQUIRED: [X] \$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50 2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.) THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75) Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent: Michael W. Fisher, 1 Independent Drive, Suite 2600, Jacksonville, FL 32202 10. If changed, new Registered Agent/Office: [Signature] 11/12/96

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) DATE

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

Table with 4 columns: 11. Name(s) of General Partner(s), 11a. Address of Each General Partner, 11b. City, State & Zip Code, 11c. Registration/Document Number. Includes HixVest, G.P., Inc. and registration number P96000067986.

700002013687--8 -11/26/96--01032--007 ***576.25 ***576.25

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

12. I do 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: [Signature] HixVest G.P., Inc. By: Joseph M. Hixon, III, President DATE: 11/12/96 Telephone Number: (904) 285-8645

CR2E003 (6/95)