

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001630**

1. Entity Name

HIXVEST, LTD.

Principal Place of Business
**4400 MARSH LANDING PARKWAY, SUITE 7
 PONTE VEDRA BEACH FL 32082**

Mailing Address
**4400 MARSH LANDING PARKWAY, SUITE 7
 PONTE VEDRA BEACH FL 32082-1287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3397894

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

**INGRAM, THOMAS B ESQUIRE
 4400 MARSH LANDING PKWY., #7
 PONTE VEDRA BEACH FL 32082**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$5,940,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **P96000067986**
 NAME **HIXVEST G.P., INC.**
 STREET ADDRESS **4400 MARSH LANDING PARKWAY, SUITE 7**
 CITY - ST - ZIP **PONTE VEDRA BEACH FL 32082**

STREET ADDRESS

CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joseph M. Hixon, IV

3/23/00

Date

904-285-8645

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

00 MAR 27 PM 9:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E003 (9/99)