

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006635 AT

**DOCUMENT # A96000001630**

1. Entity Name

**HIXVEST, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28



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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State City & State

4. FEI Number **59-3397894** Applied For  
Not Applicable

Zip Country Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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  
STREET ADDRESS **200005184212--6**  
CITY-ST-ZIP **-04/03/02--01016--017**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/19/2002**

**904-285-8645**

Date Daytime Phone #

CFR2E003 (9/01)

STAPLE CHECK HERE