


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001630</b>		
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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BATTEN, DORIS P 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. I am familiar with, and accept the obligations of registered agent.

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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS	
NAME	HIXVEST G.P., INC.	CITY-ST-ZIP	
STREET ADDRESS	4400 MARSH LANDING PARKWAY, SUITE 7		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
DOCUMENT #		STREET ADDRESS	U00000145807
NAME		CITY-ST-ZIP	05/03/04-80039-016 526.25
STREET ADDRESS			
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 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:**  4/19/04 904-285-8645  
Signature and typed or printed name of signing general partner Date Daytime Phone #