


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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				
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 <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$5,940,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
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		STREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		Joseph M. Hixon, III		Date: 4/4/05 Daytime Phone #: 904-285-8645			



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