


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Mar 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A96000001630**  
1. Entity Name  
**HIXVEST, LTD.**



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



02022006 No Chg-LP      CR2E003 (11/05)

**WRITE IN THIS SPACE**

4. FEI Number <b>59-3397894</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BATTEN, DORIS P  
4400 MARSH LANDING PKWY., #7  
PONTE VEDRA BEACH, FL 32082**

**WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000067986 HIXVEST G.P., INC. 4400 MARSH LANDING PARKWAY, SUITE 7 PONTE VEDRA BEACH, FL 32082</b>
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1101001460385  
03/23/06 80033-007 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, IV      3/14/06      904-285-8645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #