


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A96000001630<br>1. Entity Name<br>HIXVEST, LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>4400 MARSH LANDING PARKWAY, SUITE 7<br>PONTE VEDRA BEACH, FL 32082 | Mailing Address<br>4400 MARSH LANDING PARKWAY, SUITE 7<br>PONTE VEDRA BEACH, FL 32082 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

03102008 No Chg-LP CR2E003 (12/06)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3397894                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BATTEN, DORIS P  
4400 MARSH LANDING PKWY., #7  
PONTE VEDRA BEACH, FL 32082

**DO NOT 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, 2008, 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 #                      | P96000067988                        |
| NAME                            | HIXVEST G.P., INC.                  |
| STREET ADDRESS                  | 4400 MARSH LANDING PARKWAY, SUITE 7 |
| CITY-ST-ZIP                     | PONTE VEDRA BEACH, FL 32082         |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY-ST-ZIP                     |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY-ST-ZIP                     |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY-ST-ZIP                     |                                     |

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 04/15/08-80008-013 500.00

**DO NOT WRITE IN THIS SPACE**

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:  3/31/08 904-285-8645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Joseph M. Hixon, IV