


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006780 AT

DOCUMENT # A96000001630

1. Entity Name
HIXVEST, LTD.



FILED
03 APR 16 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

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

5. Certificate of Status Desired - **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**INGRAM, THOMAS B ESQUIRE
4400 MARSH LANDING PKWY., #7
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name
Doris P. Batten

Street Address (P.O. Box Number is Not Acceptable)
4400 Marsh Landing Blvd., Suite #7.

City
Ponte Vedra Beach, FL Zip Code
32082

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 *Doris P. Batten* 4/8/03
Signature, typed or printed name of registered agent and title if applicable. **Doris P. Batten** DATE

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**

**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 #	P96000067986
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	400016088154 04/15/03--01008--019 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>BK</i>
CITY-ST-ZIP	
STREET ADDRESS	
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)(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: *Joseph M. Hixon, III* 4/8/03 904-285-8645
Signature and typed or printed name of signing general partner Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)