

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A97000001275

1. Entity Name
HIGDON ENTERPRISES LIMITED, LLLP



Principal Place of Business
**130 N. VA. STREET
QUINCY, FL 32353**

Mailing Address
**130 N. VA. STREET
QUINCY, FL 32353**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 22 AM 10:06

DO NOT WRITE IN THIS SPACE

07102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3471251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIGDON, JOSEPH W JR.
130 N. VIRGINIA ST
QUINCY, FL 32351**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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	SMITH, MARGARET H
STREET ADDRESS	2695 MILLER LANDING ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
DOCUMENT #	
NAME	HIGDON, JOSEPH W JR
STREET ADDRESS	P.O. BOX 1739
CITY-ST-ZIP	QUINCY, FL 32353
DOCUMENT #	
NAME	HIGDON, JOSEPH W TRUSTEE
STREET ADDRESS	P.O. BOX 1739
CITY-ST-ZIP	QUINCY, FL 32353
DOCUMENT #	
NAME	SMITH, MARGARET H TRUSTEE
STREET ADDRESS	P.O. BOX 1739
CITY-ST-ZIP	QUINCY, FL 32353
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600020450666
10/04/06--01037--011 **1000.00

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IN THIS SPACE**

REINSTATEMENT 2006

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9-20-06 850-627-7564

STAPLE CHECK HERE