

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**04172007 Chg-LP CR2E003 (12/06)**

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

7. Name and Address of New Registered Agent

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

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
**SMITH, MARGARET H**  
**2695 MILLER LANDING ROAD**  
**TALLAHASSEE, FL 32312**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
**HIGDON, JOSEPH W JR**  
**P.O. BOX 1739**  
**QUINCY, FL 32353**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
**HIGDON, JOSEPH W TRUSTEE**  
**P.O. BOX 1739**  
**QUINCY, FL 32353**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-STATE-ZIP  
**SMITH, MARGARET H TRUSTEE**  
**P.O. BOX 1739**  
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CITY-STATE-ZIP

U000000718418  
 05/01/07-80021-024 500.00

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

**4-17-07**

Date

**850-627-7564**

Daytime Phone #

STAPLE CHECK HERE