

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 23 AM 8:32

DOCUMENT # A99000001537

1. Entity Name
 NIXON INVESTMENTS, LTD.



Principal Place of Business
 3409 INDUSTRIAL 25TH STREET
 FT. PIERCE, FL 34946

Mailing Address
 3409 INDUSTRIAL 25TH STREET
 FT. PIERCE, FL 34946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02142005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3644395

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E
 817 BEACHLAND BLVD.
 VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name *Charles E. Garris*

Street Address (P.O. Box Number is Not Acceptable)

819 Beachland Blvd

City *Vero Beach* FL Zip Code *32963*

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

2/14/05

9. Capital Contributions
 as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 #	435584	STREET ADDRESS	<i>3409 Industrial 25th St</i>
NAME	JOHN F. NIXON CONSTRUCTION, CO.	CITY-ST-ZIP	<i>Ft. Pierce, FL 34946</i>
STREET ADDRESS	1177 BAYSHORE DRIVE, #103		
CITY-ST-ZIP	FT. PIERCE, FL 34949		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<i>800047739268</i>
NAME		CITY-ST-ZIP	<i>03/07/05-01019-017 **526.25</i>
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: *James P. Nixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-16-05

Date

772 559-0076

Daytime Phone #

STAPLE CHECK HERE