

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 22 AM 9:23

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-3644395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 # 435584  
 NAME JOHN F. NIXON CONSTRUCTION, CO.  
 STREET ADDRESS 3409 INDUSTRIAL 25TH ST.  
 CITY-ST-ZIP FT. PIERCE, FL 34946

STREET ADDRESS  
 CITY-ST-ZIP  
 600086144426  
 01/24/07-01030-000 \*\*500.00

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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:

*John F. Nixon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-16-07

Date

Daytime Phone #

STAPLE CHECK HERE