

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


APPROVED
 AND
 FILED

04 MAY -4 PM 4:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B0200000315

1. Entity Name
M.C. DIXON FAMILY LIMITED PARTNERSHIP, LLLP



Principal Place of Business
**1292 TIMBERLANE ROAD
 TALLAHASSEE, FL 32312**

Mailing Address
**711 WEST WASHINGTON
 EUFAULA, AL 36072**

2. Principal Place of Business
943 Bambi Drive

3. Mailing Address
P.O. Box 99


Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Eufaula, AL

Zip
32541 Country

Zip
36072 Country



02252004 Chg-LP CR2E003 (10/03)

4. FEI Number
58-2381781 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MERCER, FRANK J.~~
~~1292 TIMBERLANE ROAD~~
~~TALLAHASSEE, FL 32312~~

MERCER, FRANK J.
1292 TIMBERLANE RD.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name
Michael C. Dixon, Sr.

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

City
Destin FL Zip Code
32541

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 *Frank J. Mercer* DATE **4/28/04**

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **7,500.00**

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 #		STREET ADDRESS	943 Bambi Drive
NAME	DIXON, MICHAEL C SR.	CITY-ST-ZIP	Destin, FL 32541
STREET ADDRESS	711 WEST WASHINGTON STREET		
CITY-ST-ZIP	EUFAULA, AL 36072		
DOCUMENT #		STREET ADDRESS	240 Gulfshore Drive, Unit 733
NAME	DIXON, ROBERT M SR.	CITY-ST-ZIP	Destin, FL 32541 - 5049
STREET ADDRESS	711 WEST WASHINGTON STREET		
CITY-ST-ZIP	EUFAULA, AL 36072		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100036553461
STREET ADDRESS			05/18/04 01043 024 **141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *David D. ...* DATE: **3-11-04** 334 734 3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #