2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A18594

1. Entity Name

FOXMEADOW APARTMENTS II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 21 AM 8:41

Principal Place of Business	Mailing Address
P.O. BOX 546 CHIPLEY FL 32428	P.O. BOX 546 CHIPLEY FL 32428

1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2547043 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARSWELL, DAVID C. 1259 MAIN ST CHIPLEY FL 32428	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record.	$7,923.00	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 #		STREET ADDRESS	
NAME	HALL, E. WENDELL		
STREET ADDRESS	1329 KINGSLEY AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME	BHIDE, VASANT P.		
STREET ADDRESS	1329 KINGSLEY AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME	CARSWELL, DAVID		
STREET ADDRESS	1259 MAIN ST	CITY-ST-ZIP	
CITY-ST-ZIP	CHIPLEY FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	200045825062 02/02/05--01003--013 **152.96
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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 C. Carswell Jan. 20, 2005 850 638-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #