

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

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

DOCUMENT # A18594		
1. Entity Name FOXMEADOW APARTMENTS II, LTD.		

Principal Place of Business P.O. BOX 546 CHIPLEY FL 32428	Mailing Address P.O. BOX 546 CHIPLEY FL 32428
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2547043		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CARSWELL, DAVID C. 1259 MAIN ST CHIPLEY FL 32428		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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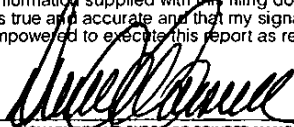
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable		
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	CITY-ST-ZIP	
STREET ADDRESS	1329 KINGSLEY AVENUE		
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME	BHIDE, VASANT P.	CITY-ST-ZIP	
STREET ADDRESS	1329 KINGSLEY AVENUE		
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME	CARSWELL, DAVID	CITY-ST-ZIP	
STREET ADDRESS	1259 MAIN ST		
CITY-ST-ZIP	CHIPLEY FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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 #

STAPLE CHECK HERE