2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A18594

1. Entity Name

FOXMEADOW APARTMENTS II, LTD.

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

1st MOORE CR2E003 (10/05)

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 XXXX **$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.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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		U00000396519
CITY-ST-ZIP	ORANGE PARK FL		01/30/06-80013-010 508.75
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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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 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: _____ David C. Carswell Jan. 20, 2006 850 638-7070