

**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 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 (10/05)

4. FEI Number 59-2547043	Applied For ☐ Not Applicable
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5. Certificate of Status Desired **XXXX** **\$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

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 his if applicable.

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

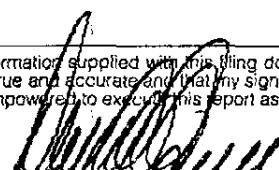
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	HALL, E. WENDELL	1329 KINGSLEY AVENUE		
		ORANGE PARK FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	BHIDE, VASANT P.	1329 KINGSLEY AVENUE		
		ORANGE PARK FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	CARSWELL, DAVID	1259 MAIN ST		
		CHIPLEY FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	

100000396519
01/30/06-80013-010 508.75

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**