


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Feb 23, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A18594</b>		
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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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2547043	Applied For Not Applicable
5. Certificate of Status Desired <b>XBX</b> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CARSWELL, DAVID C 1259 MAIN ST CHIPLEY, FL 32428
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**DO NOT WRITE IN THIS SPACE**

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, if I am familiar with, and accept the obligations of registered agent.

03/06/07-80015-008 508.75

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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	
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	
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**DO NOT WRITE IN THIS SPACE**

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

<b>SIGNATURE:</b> 	<b>David C. Carswell</b>	<b>Feb. 22, 2007</b>	<b>850 638-7070</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE