

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

03 MAR 11 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$7,923.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

STREET ADDRESS

CITY-ST-ZIP

900013908159

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BHIDE, VASANT P.
1329 KINGSLEY AVENUE
ORANGE PARK FL

STREET ADDRESS

CITY-ST-ZIP

03/11/03--01014--008 **152.96

DOCUMENT #
NAME
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CITY-ST-ZIP
CARSWELL, DAVID
1259 MAIN ST
CHIPLEY FL

STREET ADDRESS

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 7, 2003

850 638-7070

Date

Daytime Phone #

CR2E003 (10/02)