

**WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
**1999**

**FILED**

99 JAN -4 PM 4:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership Foxcross Bay Limited Partnership		1a. DOCUMENT # A98000000436	
2. Mailing Address 27 Signal Road Stamford, CT 06902		2a. Principal Office Address 7055 SE Greenview Place Hobe Sound, Florida 33455	
3. Date Formed or Registered 2/13/98		5a. Capital Contributions as Shown on record. -0-	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation Dade County		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
City		FL Zip Code

10a. Pursuant to the provisions of sections 620.105 f and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Donald J. Donahue	7055 SE Greenview Pl	Hobe Sound, Fla 33455	A98000000436
800002752098 -- 2 -01/22/99-01107-013 ****141.25 ****141.25			

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Donald J. Donahue DATE 12/28/98  
 203 973 0155  
 Typed or Printed Name of General Partner/Signing Form Daytime Telephone Number

CR2E003 (8/98)