


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000174	
1. Entity Name THE FOX PARTNERSHIP, LTD.	

Principal Place of Business 4535 OAK TREE COURT DELRAY BEACH, FL 33445	Mailing Address 4535 OAK TREE COURT DELRAY BEACH, FL 33445
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07152004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1079184	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOX, HOWARD S 4535 OAK TREE COURT DELRAY BEACH, FL 33445

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 title if applicable.

9. Capital Contributions as Shown on record. \$4,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,300,000	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 # P00000077181	STREET ADDRESS
NAME THE BACI GROUP, INC.	CITY-ST-ZIP
STREET ADDRESS 4535 OAK TREE COURT	
CITY-ST-ZIP DELRAY BEACH, FL 33445	
DOCUMENT #	STREET ADDRESS
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STREET ADDRESS	
CITY-ST-ZIP	

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07/23/04-80008-006 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Howard Fox</u>	Date: <u>7/15/04</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE