2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:16

DOCUMENT # A05000001671

1. Entity Name
FOX HOLLOW ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
422 WILSHIRE BLVD. SUITE 260 LOS ANGELES, CA 90010	422 WILSHIRE BLVD. SUITE 260 LOS ANGELES, CA 90010

01052007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4221 Wilshire Blvd.	4221 Wilshire Blvd
Suite, Apt. #, etc.: Suite 260	Suite, Apt. #, etc.: Suite 260
City & State: LA, CA	City & State: LA, CA
Zip: 90010 Country: USA	Zip: 90010 Country: USA

4. FEI Number: 20-3454406 ☐ 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
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 N. ORANGE AVENUE, STE. 1100 ORLANDO, FL 32801	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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000085178	STREET ADDRESS	4221 Wilshire Blvd, Suite 260
NAME	FOX HOLLOW MANAGEMENT, LLC	CITY-ST-ZIP	LA, CA 90010
STREET ADDRESS	9777 WILSHIRE BLVD., STE. 704		
CITY-ST-ZIP	BEVERLY HILLS, CA 90212		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100085014041 01/19/07--01037--009 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 Rubin 1/8/07 (323)634-0561 ext. 207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #