

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # A06073**1. Entity Name  
**FOXWOOD APARTMENTS, LTD.**

Principal Place of Business	Mailing Address
P O BOX 12478	P.O. BOX 1669
PANAMA CITY FL 32401	PANAMA CITY FL 32402

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1969831**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent  
  
**SITTMAN, MARY K.**  
**429 S. PALO AVE.**  
  
**PANAMA CITY FL 32401 US**7. Name and Address of New Registered Agent  
  
Name  
**SITTMAN, MARY K.**  
Street Address (P.O. Box Number is Not Acceptable)  
**516 BUNKERS COVE ROAD**  
  
City  
**PANAMA CITY FL 32401**

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.

SIGNATURE \_\_\_\_\_ DATE **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>400.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>400.00</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>FOXWOOD MANOR APARTMENTS</b> <b>24 HARRISON AVE.</b> <b>PANAMA CITY FL</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		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: **MARY K. SITTMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/19/2001

Date

Daytime Phone #

CR2E003 (11/00)