


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State


DOCUMENT # A06073 1. Entity Name FOXWOOD APARTMENTS, LTD.		
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Principal Place of Business 460 HARRISON AVE. PANAMA CITY, FL 32401	Mailing Address P.O. BOX 610 MONTICELLO, FL 32345
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent SITTMAN, MARY K. 516 BUNKERS COVE ROAD PANAMA CITY, FL 32401

	
04032004	Chg-LP
CR2E003 (10/03)	
4. FEI Number	Applied For
59-1969831	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

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. \$400.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	S21666	STREET ADDRESS	
NAME	FOXWOOD MANOR APARTMENTS	CITY-ST-ZIP	000000115016
STREET ADDRESS	460 HARRISON AVE.		04/16/04-80007-007 150.00
CITY-ST-ZIP	PANAMA CITY, FL 32401	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true and accurate, and that my signature shall have full legal effect. I am a General Partner of the limited partnership or the receiver or trustee empowered to file this report as required by Chapter 689, Florida Statutes.

SIGNATURE:  **4-6-04** **850-785-2449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE