

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 MAR -4 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A06073
1. Entity Name
FOXWOOD APARTMENTS, LTD.



Principal Place of Business
**460 HARRISON AVE.
PANAMA CITY, FL 32401**

Mailing Address
**P.O. BOX 610
MONTICELLO, FL 32345**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02172005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-1969831

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

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.

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	
STREET ADDRESS	460 HARRISON AVE.		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
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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: _____ **Charles Fawcett** 3/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day's in Month #