

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006931 AT

DOCUMENT # A06073

1. Entity Name
FOXWOOD APARTMENTS, LTD.



FILED

03 MAR 28 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1701 HAMILTON
PANAMA CITY FL 32405

Mailing Address
P.O. BOX 1669
PANAMA CITY FL 32402

2. Principal Place of Business

460 HARRISON AVE

3. Mailing Address

POB 610

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

PANAMA CITY, FL

City & State

Monticello, FL

4. FEI Number 59-1969831

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32345

Country

USA

5. Certificate of Status Desired

X

\$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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$400.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # S21666
NAME FOXWOOD MANOR APARTMENTS
STREET ADDRESS 475 HARRISON AVE.
CITY-ST-ZIP PANAMA CITY FL 32401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

460 HARRISON AVE

CITY-ST-ZIP

PANAMA CITY, FL 32401

DOCUMENT #

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)