2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A06856

1. Entity Name

FOXMEADOW APARTMENTS, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 546 CHIPLEY FL 32428	P.O. BOX 546 CHIPLEY FL 32428

1st MOORE CR2E003 (10/05)

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

4. FEI Number 59-1880721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARSWELL, DAVID C. 1259 MAIN STREET CHIPLEY FL 32428	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. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	BHIDE, VASANT P.	CITY-ST-ZIP	
STREET ADDRESS	1329 KINGSLEY AVENUE		000000396525
CITY-ST-ZIP	ORANGE PARK FL		01/30/06-80013-012 508.75
DOCUMENT #		STREET ADDRESS	
NAME	CARSWELL, DAVID C.	CITY-ST-ZIP	
STREET ADDRESS	1259 MAIN ST.		
CITY-ST-ZIP	CHIPLEY FL		
DOCUMENT #		STREET ADDRESS	
NAME	HALL, E. WENDELL	CITY-ST-ZIP	
STREET ADDRESS	1329 KINGSLEY AVENUE		
CITY-ST-ZIP	ORANGE PARK FL		
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 C. Carswell Jan. 20, 2006 850 638-707