

**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.	
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Principal Place of Business P.O. BOX 546 CHIPLEY FL 32428	Mailing Address P.O. BOX 546 CHIPLEY FL 32428
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/05)

4. FEI Number 59-1880721	Applied For ☐ Not Applicable
5. Certificate of Status Desired EXX \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARSWELL, DAVID C. 1259 MAIN STREET CHIPLEY FL 32428
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

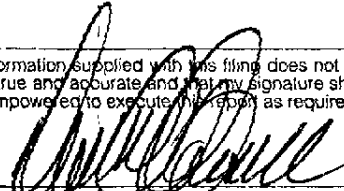
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BHIDE, VASANT P.	CITY-ST-ZIP	
STREET ADDRESS	1329 KINGSLEY AVENUE		
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CARSWELL, DAVID C.	CITY-ST-ZIP	
STREET ADDRESS	1259 MAIN ST.		
CITY-ST-ZIP	CHIPLEY FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HALL, E. WENDELL	CITY-ST-ZIP	
STREET ADDRESS	1329 KINGSLEY AVENUE		
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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01/30/06-80013-012 508.75

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	850 638-7071
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