

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # A06856

1. Entity Name
FOXMEADOW APARTMENTS, LTD.



Principal Place of Business

P.O. BOX 546
CHIPLEY, FL 32428

Mailing Address

P.O. BOX 546
CHIPLEY, FL 32428



01172007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1880721

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARSWELL, DAVID C.
1259 MAIN STREET
CHIPLEY, FL 32428

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #

NAME
STREET ADDRESS
CITY-ST-ZIP

BHIDE, VASANT P.
1329 KINGSLEY AVENUE
ORANGE PARK, FL

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

CARSWELL, DAVID C.
1259 MAIN ST.
CHIPLEY, FL

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

HALL, E. WENDELL
1329 KINGSLEY AVENUE
ORANGE PARK, FL

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

U00000649576
03/07/07-80054-022 508.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David C. Carswell

Feb. 22, 2007 850 638-7070

Date

Daytime Phone #

STAPLE CHECK HERE