



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A12709 1. Entity Name FOX GARDEN APARTMENTS, LTD.	
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Principal Place of Business 160 N. FOX AVE. P.O. BOX 6437 PANAMA CITY, FL 32404-6437	Mailing Address 160 N. FOX AVE. P.O. BOX 6437 PANAMA CITY, FL 32404-6437
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DO NOT WRITE IN THIS SPACE



08302006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2244987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMNER, DANNY J.
5231 STRATFORD AVENUE
PANAMA CITY, FL 32404

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

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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
	RUPP, STEVEN N.	SUITE 200, 1225 19 ST. NW	WASHINGTON, DC
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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09/06/06-80005-008 900.00

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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: Steven N Rupp STEVEN RUPP 9/5/06 8509130531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #