

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 11 AM 11:20



1. Name of Limited Partnership FOX MANOR APARTMENTS, LTD.	1a. DOCUMENT # A15325
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Mailing Address P.O. BOX 6437 PANAMA CITY FL 32404	Principal Office Address P.O. BOX 6437 PANAMA CITY FL 32404	3. Date Formed or Registered 09/20/1983	5a. Capital Contributions as Shown on record \$41,667.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt #, etc.	3a. Date of Last Report 12/29/1995	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 59-2429179 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent SUMNER, DANNY J. 5231 STRATFORD AVE. PANAMA CITY FL 32404	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) RUPP, STEVEN N.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) SUITE 200, 1225 19 ST	11b. City, State & Zip Code WASHINGTON DC	11c. Registration Document Number 400001976194--S -10/16/96--01021--005 ****439.17 ****439.17
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

Steven N Rupp

DATE

9/28/96

Typed or Printed Name of General Partner Signing Form _____

Steven N Rupp

Daytime Telephone Number _____

202 223 8515

CR2E003 (6/96)