

2000 UNIFORM BUSINESS REPORT (UBR)

00111111 1

DOCUMENT # A15325
 1. Entity Name
FOX MANOR APARTMENTS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 18 PH 1:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 6437, PANAMA CITY FL 32404
 Mailing Address: P.O. BOX 6437, PANAMA CITY FL 32404-0437

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2429179**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SUMNER, DANNY J.
5231 STRATFORD AVE.
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent
 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.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$41,667.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	RUPP, STEVEN N.
STREET ADDRESS	SUITE 200, 1225 19 ST NW
CITY - ST - ZIP	WASHINGTON DC
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300003170069--4
	-03/14/00--01123--021
	****389.17 ****389.17
STREET ADDRESS	<i>mf 2/28/00</i>
STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **REQUIRED** *1/27/00* **850 9130534**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRE003 (9/99)