


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A18594</b> 1. Entity Name <b>FOXMEADOW APARTMENTS II, LTD.</b>	
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Principal Place of Business <b>P.O. BOX 546 CHIPLEY, FL 32428</b>	Mailing Address <b>P.O. BOX 546 CHIPLEY, FL 32428</b>
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01172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-2547043</b>	Applied For Not Applicable
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5. Certificate of Status Desired <b>XAX</b>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CARSWELL, DAVID C 1259 MAIN ST CHIPLEY, FL 32428</b>
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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, if I am familiar with, and accept the obligations of registered agent.

03/06/07-80015-008 508.75

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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	<b>HALL, E. WENDELL</b>
STREET ADDRESS	<b>1329 KINGSLEY AVENUE</b>
CITY-ST-ZIP	<b>ORANGE PARK, FL</b>
DOCUMENT #	
NAME	<b>BHIDE, VASANT P.</b>
STREET ADDRESS	<b>1329 KINGSLEY AVENUE</b>
CITY-ST-ZIP	<b>ORANGE PARK, FL</b>
DOCUMENT #	
NAME	<b>CARSWELL, DAVID</b>
STREET ADDRESS	<b>1259 MAIN ST</b>
CITY-ST-ZIP	<b>CHIPLEY, FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>SIGNATURE:</b>  <b>David C. Carswell</b>	<b>Feb. 22, 2007</b>	<b>850 638-7070</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE