

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A18696		
1. Entity Name FOXRUN APARTMENTS LTD.		

Principal Place of Business P. O. BOX 546 CHIPLEY FL 32428	Mailing Address P. O. BOX 546 CHIPLEY FL 32428
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-2547037** Applied For
Not Applicable

5. Certificate of Status Desired ~~XXX~~ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CARSWELL, DAVID C 1259 MAIN STREET CHIPLEY FL 32428

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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.

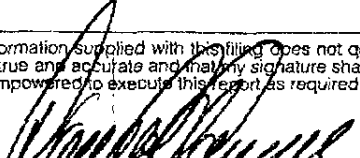
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	HALL, E. WENDELL	CITY-ST-ZIP	UN00000396521
STREET ADDRESS	1379 KINGSLEY AVE.		01/30/06-20013-011 508.75
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME	BHIDE, VASANT P	CITY-ST-ZIP	
STREET ADDRESS	1379 KINGSLEY AVE.		
CITY-ST-ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME	CARSWELL, DAVID	CITY-ST-ZIP	
STREET ADDRESS	1259 MAIN STREET		
CITY-ST-ZIP	CHIPLEY FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  **David C. Carswell** Jan. 20, 2006 850 638-7070

STAPLE CHECK HERE