


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

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

<b>DOCUMENT # A18696</b> 1. Entity Name <b>FOXRUN APARTMENTS 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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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-2547037</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>XXX</b> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CARSWELL, DAVID C 1259 MAIN STREET CHIPLEY, FL 32428</b>	<b>DO NOT WRITE IN THIS SPACE</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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ U00000646187  
Signature, typed or printed name of registered agent and title if applicable 03/06/07-80015-007 508.75  
DATE

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>	
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**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	<b>HALL, E. WENDELL 1379 KINGSLEY AVE. ORANGE PARK, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>BHIDE, VASANT P 1379 KINGSLEY AVE. ORANGE PARK, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CARSWELL, DAVID 1259 MAIN STREET CHIPLEY, FL</b>
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**DO NOT WRITE  
IN THIS SPACE**

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