

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 09, 2008 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**

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2547037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARSWELL, DAVID C
1259 MAIN STREET
CHIPLEY, FL 32428**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
STREET ADDRESS
CITY-ST-ZIP
**HALL, E. WENDELL
1379 KINGSLEY AVE.
ORANGE PARK, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BHIDE, VASANT P
1379 KINGSLEY AVE.
ORANGE PARK, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CARSWELL, DAVID
1259 MAIN STREET
CHIPLEY, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U000000777305
01/10/08-80003-004 508.75

**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

SIGNATURE:  **David C. Carswell**

Jan. 8, 2008 **850 638-7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE