

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUL 13 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26172			
1. Entity Name FOXCROFT ASSOCIATES LTD.			
Principal Place of Business 400 SEASAGE DRIVE APT. 204 DELRAY BEACH, FL 33483		Mailing Address 400 SEASAGE DRIVE APT. 204 DELRAY BEACH, FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROFT, ROBERT E. 400 SEASAGE DRIVE APT. 204 DELRAY BEACH, FL 33483		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 141.25	
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.			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. \$141.25	
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 #	NAME <i>CROFT, ROBERT E.</i>	STREET ADDRESS	
NAME <i>400 SEASAGE DR. APT 204</i>	CITY-ST-ZIP <i>DELRAY BCH, FL</i>	STREET ADDRESS	0000039189500
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	07/15/04--01054--001 **141.25
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	NAME <i>Robert C. Ellis</i>	STREET ADDRESS	
NAME <i>10 HILLTOP AVE</i>	CITY-ST-ZIP <i>ESSEX, CT 06426</i>	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	NAME <i>Ellen C. Craft</i>	STREET ADDRESS	
NAME <i>Po-Box 396</i>	CITY-ST-ZIP <i>ESSEX, CT 06426</i>	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CITY-ST-ZIP	STREET ADDRESS	
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NAME	CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		STREET ADDRESS	
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: <i>Robert C. Ellis</i>		4-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

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