

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUL 13 AM 8:35


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0044803** Applied For ☐ Not Applicable ☐

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

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 CROFT, ROBERT E. 400 SEASAGE DRIVE APT. 204 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

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	STREET ADDRESS	
	CROFT, ROBERT E.		
STREET ADDRESS	400 SEASAGE DR. APT 204	CITY - ST - ZIP	
CITY - ST - ZIP	DELRAY BCH, FL		
DOCUMENT #	NAME	STREET ADDRESS	
	Robert C. Ellis		
STREET ADDRESS	10 HILLTOP AVE	CITY - ST - ZIP	
CITY - ST - ZIP	Essex Ct 06426		
DOCUMENT #	NAME	STREET ADDRESS	
	Ellen C. Craft		
STREET ADDRESS	Po-Box 396	CITY - ST - ZIP	
CITY - ST - ZIP	Essex, Ct 06426		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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: *Nonanta Ellis* *4-26-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

PLEASE CHECK HERE