

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 14 AM 10:52

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
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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



11042005 REIN-LP CR2E100 (6/04)

4. FEI Number 65-0044803	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
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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 _____ 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. 641.25
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ELLIS, ROBERTA C 10 HILLTOP AVENUE ESSEX, CT 06426	STREET ADDRESS CITY - ST - ZIP	800061799038 11/29/05--90004--001 **641.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CRAFT, ELLEN C P.O. BOX 396 ESSEX, CT 06426	STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2005
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	100061801771 11/30/05--01057--001 **641.25
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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: Robert C Ellis Robert C Ellis 11-7-05 860 767-0752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE