2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
2007 APR 30 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26172

1. Entity Name
FOXCROFT ASSOCIATES LTD.

Principal Place of Business	Mailing Address
400 SEASAGE DRIVE APT. 204 DELRAY BEACH, FL 33483	400 SEASAGE DRIVE APT. 204 DELRAY BEACH, FL 33483

03162007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P O Box 276
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ESSEX CT
Zip / Country	Zip 06426 / Country

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

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

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

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

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	ELLIS, ROBERTA C		
STREET ADDRESS	10 HILLTOP AVENUE		
CITY-ST-ZIP	ESSEX, CT 06426	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	800010197059 05/09/07--01049--003 **508.75
NAME	CRAFT, ELLEN C		
STREET ADDRESS	P.O. BOX 396		
CITY-ST-ZIP	ESSEX, CT 06426	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: Roberta C. Ellis (signature) Roberta C. Ellis 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #