


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A26172		
1. Entity Name FOXCROFT ASSOCIATES LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:27



Principal Place of Business 400 SEASAGE DRIVE APT. 204 DELRAY BEACH FL 33483	Mailing Address PO BOX 276 ESSEX CT 06426
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

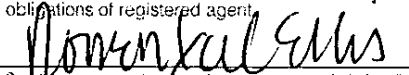
1st MOORE CR2E003 (10/07)

4. FEI Number 65-0044803	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROFT, ROBERT E. 400 SEASAGE DRIVE APT. 204 DELRAY BEACH FL 33483	
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7. Name and Address of New Registered Agent	
Name Roberta C. Ellis	
Street Address (P.O. Box Number is Not Acceptable) 400 Seasage Drive Apt 204	
City Delray Beach	FL Zip Code 33483

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  Roberta C. Ellis	100131003821 06/09/08--01002--017 **500.00 DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
NAME	ELLIS, ROBERTA C	CITY-ST-ZIP	
STREET ADDRESS	10 HILLTOP AVENUE		
CITY-ST-ZIP	ESSEX CT 06426		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CRAFT, ELLEN C	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 396		
CITY-ST-ZIP	ESSEX CT 06426		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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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	
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SIGNATURE:  Roberta C Ellis	4-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date

Daytime Phone #

STAPLE CHECK HERE