


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A30818</b>					
1. Entity Name <b>FOXMEADOW LAKE, LTD.</b>					
Principal Place of Business <b>1718 KINGSLEY AVE ORANGE PARK FL 32073</b>			Mailing Address <b>1718 KINGSLEY AVE ORANGE PARK FL 32073</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3039226</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILHITE, MARVIN E. 1718 KINGSLEY AVE. ORANGE PARK FL 32073</b> <i>\$ 526.25</i>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	295289	STREET ADDRESS			
NAME	AHPLA, INC.	CITY ST ZIP			
STREET ADDRESS	1718 KINGSLEY AVE.				
CITY ST ZIP	ORANGE PARK FL				
DOCUMENT #		STREET ADDRESS			
NAME		CITY ST ZIP			
STREET ADDRESS					
CITY ST ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY ST ZIP			
STREET ADDRESS					
CITY ST ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY ST ZIP			
STREET ADDRESS					
CITY ST ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY ST ZIP			
STREET ADDRESS					
CITY ST ZIP					
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: <i>[Signature]</i>				3-20-07 904264-9529	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

FILED

2007 APR -5 AM 9:38



1st MOORE CR2E003 (10/06)

Applied For  
Not Applicable

FL Zip Code

DATE

600096482906

04/11/07--01027--005 \*\*526.25

STAPLE CHECK HERE