


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000127			
1. Entity Name FOX FIRE PROPERTIES, LTD.			
Principal Place of Business PO BOX 9 PORT ST. JOE FL 32457		Mailing Address PO BOX 9 PORT ST. JOE FL 32457	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3167297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARR, HARRY E 7044 LEEWARD PORT ST. JOE FL 32456	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 5-26-25
9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 3,412,000.00
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

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 #	BARR, HARRY E	STREET ADDRESS	
NAME	P.O. BOX 9	CITY-ST-ZIP	
STREET ADDRESS	PORT ST. JOE FL 32457		
CITY-ST-ZIP			
DOCUMENT #	BARR, ROINA	STREET ADDRESS	U00000095697
NAME	P.O. BOX 9	CITY-ST-ZIP	03/24/04 80045-003 526.25
STREET ADDRESS	PORT ST. JOE FL 32457		
CITY-ST-ZIP			
DOCUMENT #	DAVIS, KIMBERLY J	STREET ADDRESS	
NAME	7460 N.E. 55TH AVENUE	CITY-ST-ZIP	
STREET ADDRESS	HIGH SPRINGS FL 32643		
CITY-ST-ZIP			
DOCUMENT #	BARR, H. MATTISON	STREET ADDRESS	
NAME	1685 N.W. 71ST STREET	CITY-ST-ZIP	
STREET ADDRESS	GAINESVILLE FL 32605		
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 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

Roina B. Barr

SIGNATURE: *Roina B. Barr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 13, 2004 850 229-660

Date Daytime Phone #

STAPLE CHECK HERE