


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A93000000127	
1. Entity Name FOXFIRE PROPERTIES, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:37

Principal Place of Business XXXXXX PORT ST. JOE FL 32457 6517 NW 16th Place Gainesville, Fla. 32605	Mailing Address XXXXXX PORT ST. JOE FL 32457 6517 NW 16th Place Gainesville, Fla. 32605
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent BARR, HARRY E XXXXX EDWARD PORT ST. JOE FL 32457 6517 NW 16th Place Gainesville, Fla. 32605		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.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 3,502,000.00	

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 #	BARR, HARRY E	STREET ADDRESS	6517 NW 16th Place
NAME	XXXXXX	CITY-ST-ZIP	Gainesville, Fla. 32605
STREET ADDRESS	PORT ST. JOE FL 32457		
CITY-ST-ZIP	XXXXXX		
DOCUMENT #	BARR, ROINA	STREET ADDRESS	6517 NW 16th Place
NAME	XXXXXX	CITY-ST-ZIP	Gainesville, Fla. 32605
STREET ADDRESS	PORT ST. JOE FL 32457		
CITY-ST-ZIP	XXXXXX		
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	200047152132
STREET ADDRESS	GAINESVILLE FL 32605		02/23/05--01048--021 **526.25
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

SIGNATURE: *H. E. Barr* **352 331-8792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *3/2/05* Date Daytime Phone #

STAPLE CHECK HERE