## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A9300000127

Address:

City-St-Zip:

1685 N.W. 71ST STREET

GAINESVILLE, FL 32605

Entity Name: FOXFIRE PROPERTIES, LTD.

FILED Mar 06, 2006 Secretary of State

| Current Principal Place of Business:          |   |                              | New Principal Place of Business:   |   |  |
|---|---|------------------------------|------------------------------------|---|--|
|   | 6TH PLACE<br>LE, FL 32605                   |                              |                                    |   |  |
| Current Mailing Address:                      |   |                              | New Mailing Address:               |   |  |
|   | 6TH PLACE<br>.LE, FL 32605                  |                              |                                    |   |  |
| FEI Number:                                   | 59-3167297                                  | FEI Number Applied For()     | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |   |                              | Name and Address of                | Name and Address of New Registered Agent: |  |
|   | RRY E<br>6TH PLACE<br>.LE, FL 32605         | US                           |                                    |   |  |
| The above in the State                        |   | omits this statement for the | purpose of changing its registered | office or registered agent, or both       |  |
| SIGNATUR                                      | RE:   |                              |                                    |   |  |
| Electronic Signature of Registered Age        |   |                              | ent                                | Date                                      |  |
| GENERAL PARTNER INFORMATION:                  |   |                              | ADDRESS CHANGES ONLY:              |   |  |
| Document #:                                   |   |                              |                                    |   |  |
| Name:   | BARR, HARRY E                               |                              |                                    |   |  |
| Address:                                      | 6517 NW 16TH PLACE                          |                              | Address:                           |   |  |
| City-St-Zip:                                  | GAINESVILLE, FL 32605                       |                              | City-St-Zip:                       |   |  |
| Document #:                                   |   |                              |                                    |   |  |
| Name:<br>Address:                             | BARR, ROINA                                 |                              | Address:                           |   |  |
| City-St-Zip:                                  | 6517 NW 16TH PLACE<br>GAINESVILLE, FL 32605 |                              | City-St-Zip:                       |   |  |
| Document #:                                   | ·   |                              |                                    |   |  |
| Name:   | DAVIS, KIMBERLY J                           |                              |                                    |   |  |
| Address:                                      | 7460 N.E. 55TH AVENUE                       |                              | Address:                           |   |  |
| City-St-Zip:                                  | · ·   |                              | City-St-Zip:                       |   |  |
| Document #:                                   | DADD II MATTER                              | ON .                         |                                    |   |  |
| Name:   | BARR, H. MATTISON                           |                              |                                    |   |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: KIMBERLY J. DAVIS 03/06/2006