
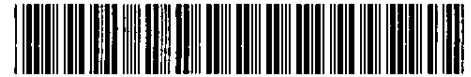


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 10, 2008 08:00 A
Secretary of State

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

Principal Place of Business 6517 NW 16TH PLACE GAINESVILLE FL 32605	Mailing Address 6517 NW 16TH PLACE GAINESVILLE FL 32605
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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 59-3167297	Applied For <input type="checkbox"/> 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 6517 NW 16TH PLACE GAINESVILLE FL 32605	
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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 _____

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 #		STREET ADDRESS	
NAME	BARR, HARRY E		00000000000014
STREET ADDRESS	6517 NW 16TH PLACE	CITY-ST-ZIP	04/22/08-80103-016 500.00
CITY-ST-ZIP	GAINESVILLE FL 32605		
DOCUMENT #		STREET ADDRESS	
NAME	BARR, ROINA		
STREET ADDRESS	6517 NW 16TH PLACE	CITY-ST-ZIP	
CITY-ST-ZIP	GAINESVILLE FL 32605		
DOCUMENT #		STREET ADDRESS	
NAME	DAVIS, KIMBERLY J		
STREET ADDRESS	7460 N.E. 55TH AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		
DOCUMENT #		STREET ADDRESS	
NAME	BARR, H. MATTISON		
STREET ADDRESS	1685 N.W. 71ST STREET	CITY-ST-ZIP	
CITY-ST-ZIP	GAINESVILLE FL 32605		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Harry E. Barr  **Apr. 9, 2008** 352 331-8792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE