

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A93000000127**

1. Entity Name
FOXFIRE PROPERTIES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR - 9 PM 12:32

000700
032003

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3167297**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARR, HARRY E
7044 LEEWARD
PORT ST. JOE FL 32456

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$10,000,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **3,160,000.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

BARR, HARRY E
P.O. BOX 9
PORT ST. JOE FL 32457

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BARR, ROINA
P.O. BOX 9
PORT ST. JOE FL 32457

STREET ADDRESS

CITY-ST-ZIP

100015544671
04/09/03-01014-004 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DAVIS, KIMBERLY J
7460 N.E. 55TH AVENUE
HIGH SPRINGS FL 32643

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BARR, H. MATTISON
1685 N.W. 71ST STREET
GAINESVILLE FL 32605

STREET ADDRESS

CITY-ST-ZIP

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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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

H. E. Barr

April 5, 2003

850 229-6602

Date

Daytime Phone #

CR2E003 (10/02)