

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001640 AT

102

**DOCUMENT #** B93000000020

**1. Entity Name**

FOXHOUND FUND LIMITED PARTNERSHIP

**FILED**

02 SEP 25 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**

33 NORTH GARDEN AVENUE, SUITE 750      33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755      CLEARWATER FL 33755

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
33 N Garden Ave		P.O. Box 1348	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#770			
City & State		City & State	
Clearwater, FL		Clearwater, FL	
Zip	Country	Zip	Country
33755	USA	33757	USA

**DUE BY SEPTEMBER 25, 2002**

<b>4. FEI Number</b> 59-3155122	Applied For
	Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

POLLACK, RONALD J  
33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755

**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** \_\_\_\_\_

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

<b>9. Capital Contributions as Shown on record.</b> \$200,000,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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**

<b>DOCUMENT #</b>	B96000000008
<b>NAME</b>	BULLDOG CAPITAL MANAGEMENT LIMTD PRNERSHP
<b>STREET ADDRESS</b>	33 NORTH GARDEN AVENUE, SUITE 750
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33755
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDRESS CHANGES ONLY**

<b>STREET ADDRESS</b>	33 N. Garden Ave # 770
<b>CITY-ST-ZIP</b>	Clearwater, FL 33755
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	100008158101--8
<b>CITY-ST-ZIP</b>	10/02/02 01054 010
<b>STREET ADDRESS</b>	****526.25 ****526.25
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-18-02 727-298-5400

Date Daytime Phone #

CR2E003 (4/02)

202



**BULLDOG**  
CAPITAL MANAGEMENT

September 17, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Registration Section:

This letter is to inform you Foxhound Fund Limited Partnership did not receive the first notice to file the Uniform Business Report. Therefore, we are not including in our payment at this time the late fee of \$400, and we respectfully request abatement of the late fee penalty.

Sincerely

*Paula Hayes*

Paula Hayes  
Controller