

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B93000000020											
1. Entity Name FOXHOUND FUND LIMITED PARTNERSHIP											
Principal Place of Business 33 NORTH GARDEN AVENUE, SUITE 750 CLEARWATER, FL 33755			Mailing Address 33 NORTH GARDEN AVENUE, SUITE 750 CLEARWATER, FL 33755								
2. Principal Place of Business 1862 MCCAULEY ROAD		3. Mailing Address PO BOX 1558									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State CLEARWATER, FL		City & State CLEARWATER, FL		4. FEI Number 59-3155122							
Zip 33765		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name RONALD J. POLLACK</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 1000 ELDORADO AVENUE</td> </tr> <tr> <td style="padding: 2px;">City CLEARWATER</td> <td style="padding: 2px;">FL Zip Code 33767</td> </tr> </table>				Name RONALD J. POLLACK		Street Address (P.O. Box Number is Not Acceptable) 1000 ELDORADO AVENUE		City CLEARWATER	FL Zip Code 33767
Name RONALD J. POLLACK											
Street Address (P.O. Box Number is Not Acceptable) 1000 ELDORADO AVENUE											
City CLEARWATER	FL Zip Code 33767										
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. <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: bottom;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:50%; vertical-align: bottom;"> RONALD J. POLLACK 4/29/06 <small>DATE</small> </td> </tr> </table>						SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	RONALD J. POLLACK 4/29/06 <small>DATE</small>				
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	RONALD J. POLLACK 4/29/06 <small>DATE</small>										
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00											
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 #	B96000000008		STREET ADDRESS	1862 MCCAULEY ROAD							
NAME	BULLDOG CAPITAL MANAGEMENT LIMTD PRITNERSHP		CITY-ST-ZIP	CLEARWATER, FL 33765							
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 750										
CITY-ST-ZIP	CLEARWATER, FL 33755										
DOCUMENT #			STREET ADDRESS								
NAME			CITY-ST-ZIP								
STREET ADDRESS											
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											
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 exemptions 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 BULLDOG CAPITAL MANAGEMENT LIMITED PARTNERSHIP, by RONALD J. POLLACK											
SIGNATURE:			APRIL 29, 2006 727-725-5225								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>								

STAPLE CHECK HERE

05 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3155122 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name RONALD J. POLLACK

Street Address (P.O. Box Number is Not Acceptable)

1000 ELDORADO AVENUE

City CLEARWATER

FL

Zip Code 33767

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.

RONALD J. POLLACK 4/29/06

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

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

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1862 MCCAULEY ROAD
 CITY-ST-ZIP CLEARWATER, FL 33765

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

400074624644
 05/15/06--01048--008 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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

BULLDOG CAPITAL MANAGEMENT LIMITED PARTNERSHIP, by RONALD J. POLLACK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 29, 2006 727-725-5225

Date Daytime Phone #