

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B93000000020

1. Entity Name
FOXHOUND FUND LIMITED PARTNERSHIP



Principal Place of Business
1862 MCCAULEY ROAD
CLEARWATER, FL 33765

Mailing Address
PO BOX 1558
CLEARWATER, FL 33767

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO BOX 1558

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLEARWATER, FL

Zip

Country

Zip

Country

33757

04182007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3155122

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLACK, RONALD J
1001 ELDORADO AVENUE
CLEARWATER, FL 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.

SIGNATURE **X**

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

April 25, 2007

(DATE)

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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**
 NAME **BULLDOG CAPITAL MANAGEMENT LIMTD PRTRNSHP**
 STREET ADDRESS **33 NORTH GARDEN AVENUE, SUITE 750**
 CITY-ST-ZIP **CLEARWATER, FL 33755**

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

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **300101243343**
 CITY-ST-ZIP **05/02/07--01054--012 **500.00**

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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 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

SIGNATURE: **X** **Ronald J. Pollack**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 25, 2007

727-725-5225

Date

Daytime Phone #

FILED

2007 APR 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

