


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

<b>DOCUMENT # B93000000020</b> 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 #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3155122	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  POLLACK, RONALD J 1000 ELDORADO AVENUE CLEARWATER, FL 33767				7. Name and Address of New Registered Agent Name <b>Richard P. Tinkelenberg</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1216 Nelson Avenue</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33755-3652</b>	
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 <i>Richard P. Tinkelenberg</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Richard P. Tinkelenberg DATE April 25, 2008	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B96000000008 BULLDOG CAPITAL MANAGEMENT LIMTD PRNERSHP 1862 MCCAULEY ROAD CLEARWATER, FL 33765			STREET ADDRESS  CITY-ST-ZIP	700128363457 05/05/08-01015-022 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	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:** *R. Pollack* Ronald J. Pollack April 28, 2008 727-725-5225