2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000001228

1. Entity Name
FOX RUN PROPERTIES, L.C.

Principal Place of Business	Mailing Address
24 SCHOONS WAY SANTA ROSA BEACH, FL 32459	P.O. BOX 2502 SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

02022005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3478127	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOONOVER, RICHARD W
24 SCHOONS WAY
SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

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.   (NOTE. Registered Agent signature required when reinstating)   DATE
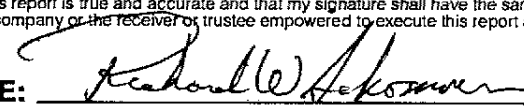
Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHOONOVER, RICHARD W
STREET ADDRESS	P.O. BOX 1979
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/11/05-80043-002 50.00
U00000225498

DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Richard W Schoonover_   2-10-05   850-267-3525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #