

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90061 008 ****50.00

DOCUMENT # M99000001191

1. Entity Name

FOXHILL MANAGEMENT, L.L.C.

Principal Place of Business

% FOXHILL GROWTH & TECHNOLOGY FUND LP
 30400 FAIRWAY DRIVE
 WESLEY CHAPEL FL 33543

Mailing Address

% FOXHILL GROWTH & TECHNOLOGY FUND LP
 30400 FAIRWAY DRIVE
 WESLEY CHAPEL FL 33543

2. Principal Place of Business

3. Mailing Address

FOXHILL GROWTH & TECHNOLOGY FUND LP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 20598

City & State

City & State

BRADENTON, FL

Zip

Country

Zip

34204-0598

Country

4. FEI Number **59-3585970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ELSWYK, JAMES 30400 FAIRWAY DR WESLEY CHAPEL FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS OF PO BOX 20598 BRADENTON, FL, 34204-0598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ELSWYK, KATHLEEN 30400 FAIRWAY DR WESLEY CHAPEL FL 33543	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)