2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DUE BY MAY 1, 2004								
1. 1	DOCUMENT # A0300001700 1. Entity Name					FILE SECRETARY DIVISION OF CO	OF STATE OR STATE PROPATIONS	
FC	FOREST TRAILS, LLLP					04 M AR - 4	· · · · · :	
Prin	Principal Place of Business Mailing Address					U4 MAN =4	EU 15. 22	
	1155 S SEMORAN BLVD, STE 1120 1155 S SEMORAN E WINTER PARK FL 32792 WINTER PARK FL 3			VD, STE 118 792				
2.	Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address				
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E	003 (11/03)		
	City & State	9	City & State			4. FEI Number	Applied For Not Applicable	
	Zip Country		Zip .	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	:	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent			
			•		Name			
	TEP 1159 WIN	LITSKY, IGOR 5 S SEMORAN BLVD, STE TER PARK FL 32792	BLVD, STE 1120		Street Address (P.O. Box Number is Not Acceptable)			
	18811.4	VINTER PARK FL 32/92						
		عالى المستنبية			_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, typed or printed name of registered agent and title if applicable.					ATE		
		pital Contributions Shown on record. \$100.00 10. Amount of Capital Con in FLORIDA to date.				SEE REVERSE SIDI	ABLE TO FL. DEPT OF STATE S E FOR FEE INFORMATION	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen							
12.	, , , , , ,		ER INFORMATION	13.				
1	CUMENT #	TEPLITSKY, IGOR 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792 T DRESS		STRI	ET ADDRESS		;	
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NAM				STRI	EET ADDRESS	Walliam Co. Co.		
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14. 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 General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes							er certify that the information her of the limited partnership or	

2-27-04

Oaytime Phone #