
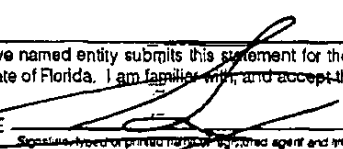
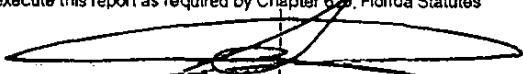


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 23 AM 8:47

DOCUMENT # A03000001700			
1. Entity Name FOREST TRAILS, LLLP			
Principal Place of Business 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792		Mailing Address 1155 S SEMORAN BLVD, STE 118 WINTER PARK FL 32792	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 56-2421355		APPLIED FOR	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEPLITSKY, IGOR 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE 		DATE	
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
<p><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></p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TEPLITSKY, IGOR	STREET ADDRESS	
NAME	1155 S SEMORAN BLVD, STE 1120	CITY-ST-ZIP	
STREET ADDRESS	WINTER PARK FL 32792		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000220143
NAME		CITY-ST-ZIP	02708705-80057-007 150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE

\$52.50  
88.75  
8.75  
150.00

1ST MOORE CR2E003 (10/04)

