


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A03000001700
1. Entity Name
FOREST TRAILS, LLLP



JUNY - 1 11 9:49
S. JAMES WALKER
TALLAHASSEE FLORIDA



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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E003 (10/05)

City & State: City & State
Zip: Zip Country: Country

4. FEI Number: 56-2421355
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TEPLITSKY, IGOR
1155 S SEMORAN BLVD, STE 1120
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000047015
NAME	ENGINEERED HOMES OF ORLANDO, INC.
STREET ADDRESS	1155 S SEMORAN BLVD, STE 1120
CITY-ST-ZIP	WINTER PARK FL 32792
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1155 S SEMORAN BLVD, Ste # 1120
CITY-ST-ZIP	Winter Park, FL 32792
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

000074615280
05/15/06--01008--021 **\$08.75

STAPLE CHECK HERE

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: _____ Date: 4-28-06 Daytime Phone #: 407-571-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER