


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A03000001700	
1. Entity Name FOREST TRAILS, LLLP	

FILED
07 MAY 18 AM 9:42



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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/06)

4. FEI Number 56-2421355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 **Steven F. Hiss**

Street Address (P.O. Box Number is Not Acceptable)
**C/O Engineered Homes of Orlando inc.
1155 S. Semoran BLVD, Ste#1120**

City **Winter Park, FL 32792**

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 *Steven F. Hiss* DATE **4-23-07**

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000047015 ENGINEERED HOMES OF ORLANDO, INC. 1155 S SEMORAN BLVD, STE #1120 WINTER PARK FL 32792	STREET ADDRESS CITY - ST - ZIP	000103699810 06/01/07 01010-013 **508.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000103702030 06/01/07 01014-013 **508.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

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: *Steven F. Hiss* DATE **4-23-07** DAYTIME PHONE # **407-678-3939**