

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001700**

1. Entity Name  
**FOREST TRAILS, LLLP**



Principal Place of Business      Mailing Address  
**1155 S SEMORAN BLVD, STE 1120**      **1155 S SEMORAN BLVD, STE 118**  
**WINTER PARK FL 32792**      **WINTER PARK FL 32792**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

State, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E003 (10/07)

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

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

6. Name and Address of Current Registered Agent

**HISS, STEVEN F**  
**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 \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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	
CITY-ST-ZIP	
STREET ADDRESS	U00000913453 11/20/08/08-80038-002-500.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **4-11-08 407-571-4355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Phone #

STAPLE CHECK HERE