

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

*LR 11/16*

98 NOV 12 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



1. Name of Limited Partnership  
**FOREST GLEN ASSOCIATES, LTD.**

1a. DOCUMENT #  
**A07311**

Mailing Address <del>2424 ENTERPRISE ROAD-SUITE G</del> CLEARWATER FL 33763	Principal Office Address <del>2424 ENTERPRISE ROAD-SUITE G</del> CLEARWATER FL 33763
2. Mailing Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip Country 33756 Pinellas USA	2a. Principal Office Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip Country 33756 Pinellas USA

3. Date Formed or Registered 03/09/1979	5a. Capital Contributions as Shown on record.  \$201,600.00
3a. Date of Last Report 12/12/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-1871937	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

FLYNN, THOMAS F  
-2424 ENTERPRISE ROAD -  
-SUITE G  
CLEARWATER FL 33763-

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
516 Lakeview Road  
Suite, Apt. #, etc.  
Unit 8  
City  
Clearwater  
FL Zip Code  
33756

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Thomas F Flynn* DATE 10/23/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FLYNN, THOMAS F	-2424 ENTERPRISE ROAD- 516 Lakeview Rd, Unit 8	CLEARWATER FL 33763-- 33756	600002890056--7 -11/18/98--01004--024 ***535.00 ***535.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thomas F Flynn* DATE 10/23/98  
Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn** Daytime Telephone Number 727-449-1182 X 211

CR2E003 (8/98)