
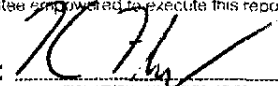


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Feb 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # A07311			
1. Entity Name FOREST GLEN ASSOCIATES, LTD.			
Principal Place of Business 516 LAKEVIEW ROAD UNIT B CLEARWATER, FL 33756		Mailing Address 516 LAKEVIEW ROAD UNIT B CLEARWATER, FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1871937		Applied For <input type="checkbox"/> Not Applicable	
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	
FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT B CLEARWATER, FL 33756		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 _____ <small>Signature, typed or printed name of registered agent, as applicable</small>			
9. Capital Contributions as Shown on record \$201,600.00		10. Amount of Capital Contributions in FLORIDA to date	
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 #	L02000005933	STREET ADDRESS	
NAME	FOREST GLEN I, LLC	CITY- ST- ZIP	
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8		11/11/00 248767
CITY- ST- ZIP	CLEARWATER, FL 33756		02/23/05-80079-014 535.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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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)(c), 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: 		Kevin T. Flynn As Vice-President of 6/05 727-449-1182	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		LLC General Partner	

STAPLE CHECK HERE