


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 26, 2007 08:00 A**  
**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
---	---



DO NOT WRITE IN THIS SPACE

01192007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-1871937	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT B CLEARWATER, FL 33756
--

DO NOT WRITE IN THIS SPACE

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 \$500.00  
 After May 1, 2007, Fee will be \$900.00

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 #	L02000005933
NAME	FOREST GLEN I, LLC
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT B
CITY - ST - ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000649564  
03/07/07-80054-010 508.75

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:  KEVIN T. FLYNN 2/15/07 727-449-1182  
Signature and typed or printed name of signing general partner Date Daytime Phone #

As Vice-President of