2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 AI
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

01102008 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-1871937

Applied For
Not Applicable

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

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

100000032546
02/28/08-01044-023 508.75

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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 8
CITY-ST-ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 2/15/08 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

As Vice-President of
LLC General Partner