


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014163 AT

DOCUMENT # A07311

1. Entity Name
FOREST GLEN ASSOCIATES, LTD.



FILED

03 FEB 10 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

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**

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

9. Capital Contributions as Shown on record. **\$201,600.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/10/03--01086--024 **535.00

M THOMAS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 LLC General Partner**

Date 1/22/03 Daytime Phone # 727-449-1182

CR2E003 (10/02)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER