

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 12 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

1. Name of Limited Partnership: FOREST GLEN II, LTD.	1a. DOCUMENT # A09963 <i>48-AR/Lus cm</i>
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Mailing Address 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34623	Principal Office Address 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34623
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33763 Country	Zip 33763 Country

3. Date Formed or Registered 01/23/1981	5a. Capital Contributions as Shown on record \$136,300.00
3a. Date of Last Report 10/30/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$136,300.00
6. FEI Number 59-2054283	<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 34623

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____
State **FL** Zip Code **33763**

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) _____ DATE _____

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.	2769 WESTCHESTER DR.	CLEARWATER FL	
RUTENBERG, ARTHUR	400 GULF BOULEVARD	BELLEAIR SHORES FL	
TIBMA, DAVID G.	126 VIA ALICIA	SANTA BARBARA CA	

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***550.00 ***550.00

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*
Thomas F. Flynn
Typed or Printed Name of General Partner Signing Form

DATE 9/22/97

Daytime Telephone Number 813-797-0098

CR25003 (6/97)