2006 I IMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006				Secretary of State	
DOCUMENT # A09963 1. Enlity Name FOREST GLEN II, LTD.				Secretary of State	
Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 CLEARWATER, FL 33756					
DO NOT WRITE IN THIS SPAC			CE	01172006 No Chg-LP	
5. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756				DO NOT WRITE IN THIS SPACE	
	lions of registered agent.		ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
Signature, typed or partied name of registered agent and trie if applicable. FILE NOW!!! FEE 18 \$500.00				- DATE	
After May 1, 2006, 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.					
DOCEMENT # NAME STRICT ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS EITY - ST - ZIP	GENERAL PAR LOZODDOD5935 FOREST GLEN II, LLC	TNER INFORMATION		U00000444820 03/07/06-80016-014 508.75	
DOGUMENT # NAME STRELT ADDRESS CITY 57-ZIP DOGUMENT # NAMC STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
DOGUMENT / NAME SIRED ADDRESS CITY-57-ZIP DOCUMENT /					

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 employered to execute this report as required by Chapter 620, Florida Statutes

As Vice-President of

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR FRINTED NAME OF SIG

LLC General Partner

02/15/2006

727-449-1182

Daytime Phone if