


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014151 AT

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| DOCUMENT # A09963 1. Entity Name FOREST GLEN II, LTD. |  |
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FILED

03 FEB 10 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|---|---|
| Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756 | Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756 |
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|---------------------------------------|---------------------------|
| 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 59-2054283 | Applied For <input type="checkbox"/> Not Applicable |

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|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756 | Name Street Address (P.O. Box Number is Not Acceptable) City |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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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.

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|---|------------|

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| 9. Capital Contributions as Shown on record. \$136,300.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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**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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------|--------------------------|---|
| DOCUMENT # | L02000005935 | STREET ADDRESS | 100012225451 02/10/03--01086--023 **535.00 |
| NAME | FOREST GLEN II, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 516 LAKEVIEW ROAD UNIT 8 | | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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.

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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | As Vice-President of LLC General Partner Kevin T. Flynn | Date: 1/22/03 Daytime Phone #: 727-449-1182 |
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CR2E003 (10/02)