


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014151 AT

**DOCUMENT #** A09963

**1. Entity Name**  
FOREST GLEN II, LTD.



FILED

03 FEB 10 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
516 LAKEVIEW ROAD UNIT 8  
CLEARWATER FL 33756

**Mailing Address**  
516 LAKEVIEW ROAD UNIT 8  
CLEARWATER FL 33756

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

**City & State**

**City & State**

**4. FEI Number** 59-2054283

Applied For  
 Not Applicable

**Zip**

Country

**Zip**

Country

**Zip**

Country

**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 8  
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.** **\$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**

**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 #	L02000005935
NAME	FOREST GLEN II, LLC
STREET ADDRESS	516 LAKEVIEW ROAD UNIT 8
CITY-ST-ZIP	CLEARWATER FL 33756
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100012225451
CITY-ST-ZIP	02/10/03--01086--023 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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.**

**SIGNATURE:** Kevin T. Flynn **As Vice-President of LLC General Partner**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)