2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Feb 26, 2007 08:00 Al Secretary of State

DOCUMENT # A12617

1. Entity Name
FOREST GLEN III, LTD.



Principal Place of Business

516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756



01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2193101

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

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 Flo	irida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

	12.	GENERAL PARTNER INFORMATION
	DOCUMENT ≠	L02000005931
	NAME	FOREST GLEN III, LLC .
1	STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8
	CITY-SI-ZIP	CLEARWATER, FL 33756
	DOCUMENT #	
	NAME	
	SIREEL ACORESS	
-	CITY+ST-ZIP	
Ì	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
ı	DOCUMENT #	
1	NAME	
d	STREET ADDRESS	
	CiTY-ST-ZIP	
	OOCUMENT #	
i	NAME	
	STREET ADDRESS	
įĮ	CITY-ST-ZIP	
:	DOCUMENT #	
;	NAME	
1	STREET ADDRESS	

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/07

727-449-1182