2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A18517

1. Entity Name
FOREST GLEN APARTMENTS, LTD.

FILED
07 MAY 17 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606 US	TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606 US

04222007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
25 Phillips Parkway	
Suite, Apt. #, etc.	Suite, Apt. #, etc. ← same
City & State: Montvale NJ	City & State
Zip: 07645 Country: USA	Zip Country

4. FEI Number: 59-2547593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M06000005029	STREET ADDRESS	
NAME	EMPIRIAN LEXFORD GP 2 LLC	CITY-ST-ZIP	
STREET ADDRESS	25 PHILLIPS PARKWAY		
CITY-ST-ZIP	MONTVALE, NJ 07645		
DOCUMENT #		STREET ADDRESS	900103005649 05/22/07--01016--003 **45500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: _____ 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #