

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 12 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A07311

FOREST GLEN ASSOCIATES, LTD.



Mailing Address

~~2424 ENTERPRISE ROAD, SUITE G~~
CLEARWATER FL 33763

Principal Office Address

~~2424 ENTERPRISE ROAD, SUITE G~~
CLEARWATER FL 33763

3. Date Formed or Registered

03/09/1979

3a. Date of Last Report

12/12/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$201,600.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

516 Lakeview Road

Suite, Apt. #, etc.

Unit 8

City & State

Clearwater, Florida

Zip

33756

Country

Pinellas

USA

2a. Principal Office Address

516 Lakeview Road

Suite, Apt. #, etc.

Unit 8

City & State

Clearwater, Florida

Zip

33756

Country

Pinellas

USA

6. FEI Number

59-1871937

☐

Applied For

☐

Not Applicable

7. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

FLYNN, THOMAS F

~~2424 ENTERPRISE ROAD -~~

~~SUITE G~~

~~CLEARWATER FL 33763~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

516 Lakeview Road

Suite, Apt. #, etc.

Unit 8

City

Clearwater

FL

Zip Code

33756

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Thomas F. Flynn

DATE 10/23/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

FLYNN, THOMAS F

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~2424 ENTERPRISE ROAD,~~
516 Lakeview Rd, Unit 8

11b. City, State & Zip Code

CLEARWATER FL 33763 -
33756

11c. Registration/
Document Number

600002890056--7
-11/18/98--01004--024
***535.00 ***535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Thomas F. Flynn

DATE 10/23/98

Typed or Printed Name of General Partner Signing Form

Thomas F. Flynn

Daytime Telephone Number

727-449-1182 X 211

CR2E003 (8/98)