


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A03000001700</b> 1. Entity Name <b>FOREST TRAILS, LLLP</b>	
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Principal Place of Business <b>1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792</b>	Mailing Address <b>1155 S SEMORAN BLVD, STE 118 WINTER PARK FL 32792</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>TEPLITSKY, IGOR 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000047015 ENGINEERED HOMES OF ORLANDO, INC. 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792</b>	STREET ADDRESS CITY-ST-ZIP	<b>1155 S. SEMORAN BLVD, Ste # 1120 Winter Park, FL. 32792</b>
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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:** \_\_\_\_\_ **4-28-06 407-571-4355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOHNNY - I AM 9:49  
S. SEMORAN BLVD  
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number **56-2421355** Applied For  
Not Applicable

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

STAPLE CHECK HERE