


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 MAR -7 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #A14093 1. Entity Name FOREST MANOR, LTD.	
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Principal Place of Business 460 HARRISON AVE. PANAMA CITY, FL 32401	Mailing Address C/O FLORIDA MANAGEMENT ASSOCIATES, INC. P.O. DRAWER 610 MONTICELLO, FL 32344-0610
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BK



02132006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2451851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FAIRCLOTH, CHARLES E. 460 HARRISON AVE. PANAMA CITY, FL 32401
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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 Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>
DATE _____

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	S21648
NAME	FOREST MANOR APTS. CORP.
STREET ADDRESS	460 HARRISON AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>500068094825 03/20/06--01016--025 **508.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>
Date _____ <small>Daytime Phone # _____</small>