

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A17100

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** PARKE FOREST APARTMENTS, LTD.

**Current Principal Place of Business:**

P.O. BOX 99564  
LOUISVILLE, KY 402690564

**New Principal Place of Business:**

C/O FRANKLIN ASSET MANAGEMENT CO.  
2509 PLANTSIDE DRIVE  
LOUISVILLE, KY 40299

**Current Mailing Address:**

P.O. BOX 99564  
LOUISVILLE, KY 402690564

**New Mailing Address:**

C/O FRANKLIN ASSET MANAGEMENT CO.  
P.O. BOX 99564  
LOUISVILLE, KY 402690564

**FEI Number:** 61-1034647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIMMONS, ANNETTE  
37 BROOK CIRCLE  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

SILBERMANN, GALE  
1150 CLEVELAND ST.  
SUITE 300  
CLEARWATER, FL 33755 US

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.

SIGNATURE: GALE SILBERMANN

04/18/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: WILSON, GERALD  
Address: 2509 PLANTSIDE DRIVE  
City-St-Zip: LOUISVILLE, KY

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: LOUISVILLE, KY 40299

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD WILSON

04/18/2007

Electronic Signature of Signing General Partner

Date