

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 10 AM 10:48

DOCUMENT # A28499

1. Entity Name
FOREST RUN PARTNERS, LTD.



Principal Place of Business
6954 SW 5TH ST.
MARGATE, FL 33068

Mailing Address
455 FAIRWAY DRIVE
STE. 101 301
DEERFIELD BEACH, FL 33441

AS



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-2649722

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL, SAM
%SAMCO PROPERTIES, INC.
10 FAIRWAY DR., #114 455 Fairway Drive #301
DEERFIELD BEACH, FL 33441

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,550,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 SPIEGEL, SAM
STREET ADDRESS 455 FAIRWAY DRIVE #101 301
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

STREET ADDRESS

CITY-ST-ZIP

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02/16/05--01007--019 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/9/05

754. 429. 9000

STAPLE CHECK HERE