


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------------------|---------|---|--|--|
| DOCUMENT # A32915 1. Entity Name FOREST GLADE II LTD. | | | |  | |
| Principal Place of Business 20721 S.W. 46 AVE NEWBERRY, FL 32669 | | | Mailing Address 20721 S.W. 46 AVE NEWBERRY, FL 32669 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 03082005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 59-3143821 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, NORITA V. 20721 S.W. 46TH AVE. NEWBERRY, FL 32669 | | | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, type or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$100.00 | | | 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 # | 484037 | | STREET ADDRESS | | |
| NAME | DAVIS PROPERTY MANAGEMENT, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 20721 S.W. 46 AVE | | | 000000295032 04/09/05-80011-019 141.25 | |
| CITY-ST-ZIP | NEWBERRY, FL 32669 | | | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Norita V. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | 3-18-05 352 472-3952 <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE

Norita V. Davis President