


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000889 1. Entity Name FOREST HILL FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406			Mailing Address C/O CHARLES F. MOHAUPT 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1726701	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOHAUPT, CHARLES F 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City		
Signature: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE: _____		
9. Capital Contributions as Shown on record. \$1,400,000.00		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		STREET ADDRESS		
NAME	CHARLES F. MOHAUPT, TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1825 FOREST HILL BLVD., SUITE 201		CITY-ST-ZIP	000000111208	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	04/13/04-80007-002 526.25	
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CAMILLE J. MOHAUPT, TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1825 FOREST HILL BLVD., SUITE 201		CITY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE: 3/30/04 <small>DATE</small>		

STAPLE CHECK HERE