


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000889

1. Entity Name
FOREST HILL FAMILY PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
1825 FOREST HILL BLVD., SUITE 201 **C/O CHARLES F. MOHAUPT**
WEST PALM BEACH, FL 33406 **1825 FOREST HILL BLVD., SUITE 201**
WEST PALM BEACH, FL 33406



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

01062005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
62-1726701 Not Applicable

5. Certificate of Status Desired **\$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 **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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	CHARLES F. MOHAUPT, TRUSTEE	STREET ADDRESS	1100000255350
NAME	1825 FOREST HILL BLVD., SUITE 201	CITY-ST-ZIP	03/08/05-20011-001 526.25
STREET ADDRESS	WEST PALM BEACH, FL 33406		
CITY-ST-ZIP			
DOCUMENT #	CAMILLE J. MOHAUPT, TRUSTEE	STREET ADDRESS	
NAME	1825 FOREST HILL BLVD., SUITE 201	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33406		
CITY-ST-ZIP			
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Charles Mohaupt 3-105 561-964-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #