


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 16, 2006 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

Zip

Country

Zip

Country

01062006 Chg-LP CR2E003 (11/05)

4. FEI Number
62-1726701 Applied For
 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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 CITY-ST-ZIP	CHARLES F. MOHAUPT, TRUSTEE 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAMILLE J. MOHAUPT, TRUSTEE 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406	STREET ADDRESS	
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 02/27/06-80014-003 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 62D, Florida Statutes

SIGNATURE: Charles F. Mohaupt 2/14/06 561-964-3100