

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # A97000000889 1. Entity Name FOREST HILL FAMILY PARTNERSHIP, LTD.	
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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
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04142007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1726701	Applied For Not Applicable
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

DO NOT WRITE IN THIS SPACE

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, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CHARLES F. MOHAUPT, TRUSTEE 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAMILLE J. MOHAUPT, TRUSTEE 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH, FL 33406
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U00000718535
 05/01/07-80026-012 500.00

STAPLE CHECK HERE

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 620, Florida Statutes

SIGNATURE: 