


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Feb 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A9700000889**  
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**



02162008 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  **\$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, 2008, 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	<b>CHARLES F. MOHAUPT, TRUSTEE</b>
STREET ADDRESS	<b>1825 FOREST HILL BLVD., SUITE 201</b>
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33406</b>
DOCUMENT #	
NAME	<b>CAMILLE J. MOHAUPT, TRUSTEE</b>
STREET ADDRESS	<b>1825 FOREST HILL BLVD., SUITE 201</b>
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33406</b>
DOCUMENT #	
NAME	
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CITY - ST - ZIP	

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03/11/08-80048-010 500.00

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:** Charles F. Mohaupt 2/26/08 561-964-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #