2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A97000000889 **DOCUMENT #**

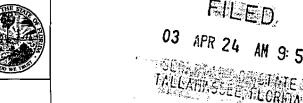
1. Entity Name

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 | | | 3. Mailing Address | | | 1 (1840)) 1818 1811) 1811) 6811 6811 6811 6811 | | |
|---|---|---|---------------------|--------|--|---|----------------------------|-----------------|
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2003 | | |
| City & State | | | City & State | | | 4. FEI Number 62-1726701 | Applied For Not Applicable | 1 |
| Zip Country Zip | | | | Coun | itry | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | 1 |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | |
| MOHAUPT, CHARLES F | | | | | Name | | | |
| 1825 FOREST HILL BLVD., SUITE 201 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| WEST PALM BEACH FL 33406 | | | | | | | | |
| | | | | | City : FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its req | | | | | ed office or reals | | familiar with, and accept | 1 |
| the obligations of registered agent. | | | | | | | | |
| CICALATUDE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | | DATE | | |
| 9. Capital Contributions as Shown on record. \$1,400,000.00 10. Amount of Capital in FLORIDA to date | | | | | butions | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | |
| 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 | | | | | ADDRESS CHANGES ONLY | | |
| DOCUMENT # | CHARLES F. MOHAUPT, TRUSTEE | | | | EET ADDRESS | | | |
| NAME | | | | | | | | ∤દ |
| STREET ADDRESS | LANGE BALLA DELGALA EL GALAGA | | | . CITY | -ST-ZIP | 200016978932 04/24/0301079025 **526.25 | | CR2E003 (10/02) |
| CITY-ST-ZIP | | | | | | <u>047.247.03==01.079==025 **526.25 </u> | | |
| DOCUMENT # | CAMILLE J. MOHAUPT, TRUSTEE 1825 FOREST HILL BLVD., SUITE 201 | | | | ET ADDRESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | -ST-ZIP | | | |
| DOCUMENT # | 11201174 | | | STRE | ET ADDRESS | | <u>.</u> | |
| NAME STREET ADDRESS | | | | | - | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS | | | |
| | | | | | -ST-ZIP | | | |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | <u> </u> | | | СІТУ | -ST-ZIP | | | |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | |
| STREET ADDRESS 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 of Chapter 620, Florida Statutes

SIGNATURE: