

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A990000000501

1. Entity Name
FORREST INTERESTS LTD.



Principal Place of Business
**441 N.E. 4TH AVENUE
 FT. LAUDERDALE, FL 33301**

Mailing Address
**PO BOX 030399
 FORT LAUDERDALE, FL 33303**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0923380

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, PETER
 418 N.E. 5TH STREET
 FT. LAUDERDALE, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 # **P99000017168**
 NAME **FORREST INVESTMENT, INC.**
 STREET ADDRESS **441 N.E. 4TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

STREET ADDRESS

CITY-ST-ZIP

02/11/06-80017-017 500.00

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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 recolver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Peter M. Feldman, Director

2/2/06

954-523-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Forrest Investment**

Date

Daytime Phone #

STAPLE CHECK HERE