

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT #A99000001340 1. Entity Name FORREST INVESTMENT ENTERPRISES, LTD.	
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Principal Place of Business 19331 N.E. 19TH PLACE NORTH MIAMI BEACH, FL 33179	Mailing Address 1380 N.E. MIAMI GARDENS DRIVE, SUITE 207 MIAMI, FL 33179
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 16375 NE 18 AVE 206
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI FL
Zip	Zip 33162
Country	Country USA

01112007	Chg-LP	CR2E003 (12/06)
4. FEI Number 52-2234346	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent RAFFEL, FORREST B 19331 N.E. 19TH PLACE NORTH MIAMI BEACH, FL 33179	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Forrest B Raffel* DATE *4/17/07*

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	RAFFEL, FORREST B		
STREET ADDRESS	1380 N.E. MIAMI GARDENS DRIVE, SUITE 207	CITY-ST-ZIP	500098308655
CITY-ST-ZIP	MIAMI, FL 33179		04/24/07--01052--009 **500.00
DOCUMENT #	NAME	STREET ADDRESS	
	RAFFEL, LEROY B		
STREET ADDRESS	1380 N.E. MIAMI GARDENS DRIVE, SUITE 207	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33179		
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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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Forrest B Raffel* 305 949 6445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE