

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:21

DOCUMENT # A99000001340 1. Entity Name FORREST INVESTMENT ENTERPRISES, LTD.							
Principal Place of Business 16375 NE 18 AVENUE #206 MIAMI, FL 33162			Mailing Address 1380 N.E. MIAMI GARDENS DRIVE, SUITE 207 MIAMI, FL 33179				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16375 NE 18 AVE					
Suite, Apt. #, etc. #206		Suite, Apt. #, etc. #206					
City & State MIAMI, FL		City & State MIAMI, FL					
Zip 33162	Country US	4. FEI Number 52-2234346		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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 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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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			13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RAFFEL, FORREST B 1380 N.E. MIAMI GARDENS DRIVE, SUITE 207 MIAMI, FL 33179		STREET ADDRESS CITY-ST-ZIP	16375 NE 18 AVE #206 MIAMI, FL 33162			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RAFFEL, LEROY B 1380 N.E. MIAMI GARDENS DRIVE, SUITE 207 MIAMI, FL 33179		STREET ADDRESS CITY-ST-ZIP	16375 NE 18 AVE #206 MIAMI, FL 33162			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	(Empty)			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	(Empty)			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	(Empty)			
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: <u>FORREST B. RAFFEL</u>			Date: <u>3/15/08</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

STAPLE CHECK HERE