

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002089					
1. Entity Name FORUM PARTNERS, LTD.					
Principal Place of Business C/O DUNHILL MANAGEMENT CORP. 520 N. SEMORAN BLVD., SUITE 222 ORLANDO, FL 32801			Mailing Address C/O DUNHILL MANAGEMENT CORP. 520 N. SEMORAN BLVD., SUITE 222 ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04262005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3614129				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			7. Name and Address of New Registered Agent		
COHN, MARSHALL S. C/O DUNHILL MANAGEMENT CORP. 520 N. SEMORAN BLVD., SUITE 222 ORLANDO, FL 32801			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>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	K96880 COHN PROPERTIES, INC. 520 N. SEMORAN BLVD., SUITE 222 ORLANDO, FL 32801		STREET ADDRESS CITY-ST-ZIP	_____ _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____		STREET ADDRESS CITY-ST-ZIP	_____ _____	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____		STREET ADDRESS 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)(f), 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: <i>M. A. Col</i> <i>Pres GP</i>			4-28-05 407 380 3240		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE