


FROM :

FAX NO. :

Aug. 27 2004 11:51AM P2

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A9900000062			
1. Entity Name THE SUNCOAST FAMILY LIMITED PARTNERSHIP			
Principal Place of Business: 7861 S.W. 53RD AVENUE MIAMI FL 33143		Mailing Address: 7861 S.W. 53RD AVENUE MIAMI FL 33143	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0884527		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 COIN INTERNATIONAL, INC. 7861 S.W. 53RD AVENUE MIAMI FL 33143		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, type for printed name of registered agent and title if applicable.</small>		CITY _____	
9. Capital Contributions as Shown on record	\$5,000,000.00	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 #	513071	STREET ADDRESS	
NAME	COIN INTERNATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	7861 S.W. 53RD AVENUE		
CITY-ST-ZIP	MIAMI FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			



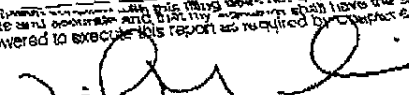
1ST MOORE CR2E003 (10/04)

FILE NOW!! Due by May 1, 2005
See Block 11 instructions for fee info

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05/24/05-80009-015 526 25

FILE CHECK HERE

I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 220, Florida Statutes

SIGNATURE:  _____
Date: **4/19/05** Daytime Phone # **(305) 384-2334**