


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A00000002004</b>   |  |
| 1. Entity Name<br><b>SEVENTY EIGHT HUNDRED CORAL LIMITED PARTNERSHIP</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>7800 CORAL ST<br/>HYPOLUXO, FL 33462</b> | Mailing Address<br><b>7800 CORAL ST<br/>HYPOLUXO, FL 33462</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



07052006 Chg-LP CR2E003 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-1069288</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent               |  | 7. Name and Address of New Registered Agent        |          |
| <b>ALPHONSE, LLC<br/>7800 CORAL ST<br/>HYPOLUXO, FL 33462</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #                      | <b>L00000015599</b>       | STREET ADDRESS           |  |
| NAME                            | <b>ALPHONSE LLC</b>       | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>7800 CORAL ST</b>      |                          |  |
| CITY - ST - ZIP                 | <b>HYPOLUXO, FL 33462</b> |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |

**U000000569419**  
**07/11/06-80026-002 500.00**

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:** *Margaret Ann Lember* **MARGARET ANN LEMBER** **7/6/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE