

2001 UNIFORM BUSINESS REPORT (UBR)

197

DOCUMENT # A0000002004
 1. Entity Name
SEVENTY EIGHT HUNDRED CORAL LIMITED PARTNERSHIP

FILED
 01 JUL 23 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **7800 CORAL ST HYPOLUXO FL 33462**
 Mailing Address: **7800 CORAL ST HYPOLUXO FL 33462**

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

DUE BY SEPTEMBER 26, 2001
 4. FEI Number: **65-1069288**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALPHONSE, LLC
7800 CORAL ST
HYPOLUXO FL 33462

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.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$3,000,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **\$3,000,000.00**
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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

DOCUMENT #	L00000015599
NAME	ALPHONSE LLC
STREET ADDRESS	7800 CORAL ST
CITY-ST-ZIP	HYPOLUXO FL 33462
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	300004500399--4
	-07/26/01--01086--001
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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 Lembo* **MARGARET ANN LEMBO** 7/13/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **MANAGING MEMBER** Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)