

2002 UNIFORM BUSINESS REPORT (UBR)

0012442 AT

DOCUMENT # **A00000002604**

1. Entity Name
SEVENTY EIGHT HUNDRED CORAL LIMITED PARTNERSHIP

FILED

2002 FEB 26 AM 10:18

DIVISION OF CORPORATIONS
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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
65-1069288

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALPHONSE, LLC
7800 CORAL ST
HYPOLUXO FL 33462**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	L0000015599
NAME	ALPHONSE LLC
STREET ADDRESS	7800 CORAL ST
CITY-ST-ZIP	HYPOLUXO FL 33462
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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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 Lemo* **MARGARET ANN LEMBO** 2/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE