


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A0000002004</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             |



01122004 Chg-LP CR2E003 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1069288</b> | Applied For<br><input type="checkbox"/> 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               |  |
| <b>ALPHONSE, LLC<br/>7800 CORAL ST<br/>HYPOLUXO, FL 33462</b> |  |

|  |             |
|--|-------------|
| 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. 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. <b>\$3,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>309,112.00</b> |
|--|---|

**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 #                      | <b>L00000015599</b>       |
| NAME                            | <b>ALPHONSE LLC</b>       |
| STREET ADDRESS                  | <b>7800 CORAL ST</b>      |
| CITY-ST-ZIP                     | <b>HYPOLUXO, FL 33462</b> |
| 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           | <b>000000146205</b>              |
| CITY-ST-ZIP              | <b>05/03/04-80052-022 526.25</b> |
| STREET ADDRESS           |                                  |
| CITY-ST-ZIP              |                                  |
| STREET ADDRESS           |                                  |
| CITY-ST-ZIP              |                                  |
| STREET ADDRESS           |                                  |
| CITY-ST-ZIP              |                                  |

STAPLE CHECK HERE

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

|   |      |                 |
|---|------|-----------------|
| <b>SIGNATURE:</b> <i>Margaret Ann Lamb</i> <b>MARGARET ANN LAMB, UCRP 2/26/04</b> | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>     |      |                 |