



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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| DOCUMENT # A00000002004 | | | |  | |
| 1. Entity Name SEVENTY EIGHT HUNDRED CORAL LIMITED PARTNERSHIP | | | | | |
| 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 | | 4. FEI Number 65-1069288 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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. 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. \$3,000,000.00 | | 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 # | L00000015599 | STREET ADDRESS | | | |
| NAME | ALPHONSE LLC | CITY-ST-ZIP | | | |
| STREET ADDRESS | 7800 CORAL ST | | | | |
| CITY-ST-ZIP | HYPOLUXO, FL 33462 | | | | |
| DOCUMENT # | | STREET ADDRESS | | | |
| NAME | | CITY-ST-ZIP | | | |
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| 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: <i>Margaret Ann Lembo</i> | | MARGARET ANN LEMBO | | 3/27/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date | | Daytime Phone # | |

STAPLE CHECK HERE