


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

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

DOCUMENT # A0000002004	
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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



07052006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-1069288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent to file if applicable</small>	DATE _____
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	L00000015599 ALPHONSE LLC 7800 CORAL ST HYPOLUXO, FL 33462	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	U00000569419
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	07/11/06-80026-002 500.00
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	

STAPLE CHECK HERE

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: <u>Margaret Ann Lember</u> MARGARET ANN LEMBER <small>MEMBER OF ALPHONSE LLC</small>
Date: <u>7/6/06</u>
Daytime Phone # _____