

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000821**

1. Entity Name  
**COY FAMILY INVESTMENTS, LTD.**



Principal Place of Business  
**12100 MOSS RANCH ROAD  
MIAMI, FL 33156**

Mailing Address  
**12100 MOSS RANCH ROAD  
MIAMI, FL 33156**



04062006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1117414**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FL  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # **P01000057992**  
NAME **COY FAMILY INVESTMENTS, INC.**  
STREET ADDRESS **12100 MOSS RANCH ROAD**  
CITY - ST - ZIP **MIAMI, FL 33156**

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**U00008524982**  
**05/08/06-80035-010 158.75**

**DO NOT WRITE  
IN THIS SPACE**

**U000000540597**  
**05/10/06-80024-018 508.75**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**KEVIN COY**

**4-24-06**

**305-571-0620**

Date

Daytime Phone #