

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**


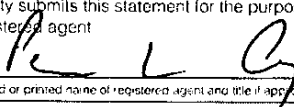
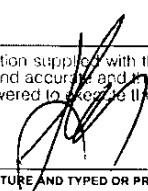
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1117414	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131			Name PERRIN COY		
			Street Address (P.O. Box Number is Not Acceptable) 3801 BISCAYNE BLVD		
			STE 300		
			City MIAMI FL Zip Code 33137		
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 3-7-07	
<p align="center"><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2007, Fee will be \$900.00</b></p> <p align="center"><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P01000057992		STREET ADDRESS		
NAME	COY FAMILY INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	12100 MOSS RANCH ROAD				
CITY-ST-ZIP	MIAMI, FL 33156				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: 			DATE 3/6/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # 305-571-0620		

STAPLE CHECK HERE