

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A0300001497</b>			
1. Entity Name <b>COCONUT PALM CAPITAL INVESTORS I, LTD.</b>			
Principal Place of Business <b>555 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432</b>		Mailing Address <b>555 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



**FILED**  
**2004 FEB 23 PM 1:12**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. - ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI FL 33131</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable) <b>200030060362</b>				Street Address (P.O. Box Number is Not Acceptable) <b>200030060362</b>	
City				City	
State				State	
Zip Code				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>P03000117465 COCONUT PALM CAPITAL INVESTORS I, INC. 555 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432</b>	STREET ADDRESS CITY-ST-ZIP	<b>200030060362 02/03/04 01017-004 **141.25</b>
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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)(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:** \_\_\_\_\_ **2-19-04** **561-955-7300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #