
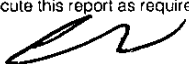


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 29, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A03000001497			
1. Entity Name COCONUT PALM CAPITAL INVESTORS I, LTD.			
Principal Place of Business 555 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432		Mailing Address 555 SOUTH FEDERAL HIGHWAY, SUITE-200 BOCA RATON, FL 33432	
2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. Suite 600		3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. Suite 600	
City & State Boca Raton, FL Zip 33432		City & State Boca Raton, FL Zip 33432	
4. FEI Number 20-0310427		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131		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. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. 18,000,000	
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 # P03000117465	NAME COCONUT PALM CAPITAL INVESTORS I, INC.	STREET ADDRESS	595 S. Federal Hwy, #600
STREET ADDRESS 555 SOUTH FEDERAL HIGHWAY, SUITE 200	CITY-ST-ZIP BOCA RATON, FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: 		Date	4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	561-955-7300

STAPLE CHECK HERE



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