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

## **DOCUMENT # A03000001497** 06 MAY 22 PM 2: 25 COCONUT PALM CAPITAL INVESTORS I, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 595 SOUTH FEDERAL HIGHWAY, SUITE 600 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address 595 5 Federal 595 S. Federal Hwi Hur Suite, Apt. #, etc. Suite, Apt. #, etc. 05152006 CR2E003 (11/05) Chg-LP #600 # 500 City & State City & State 4. FEI Number Applied For Bicca Raton Boca $\infty$ t 20-0310427 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Polin Beach 3432 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P03000117465 DOCUMENT # STREET ADDRESS NAME COCONUT PALM CAPITAL INVESTORS I, INC. STREET ADDRESS 595 SOUTH FEDERAL HIGHWAY, SUITE 600 CHY-SI-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 000075105710 05/23/06--01055--010 DOCUMENT # STREET ADDRESS NAME \*\*500<u>.00</u> STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ngtument ≠ STREET ADDRESS NAME SIREE1 ADDRESS CITY-ST-ZIP CATY - ST - ZIP 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 Robert C. Farchem 5-17-06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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