


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**

2007 MAR 19 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000001506</b>	
1. Entity Name <b>COASTAL 50, LTD.</b>	

Principal Place of Business <b>5001 PHILLIPS HIGHWAY, SUITE 7B JACKSONVILLE FL 32207</b>	Mailing Address <b>5001 PHILLIPS HIGHWAY, SUITE 7B JACKSONVILLE FL 32207</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number <b>AP-PLIED FOR</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>PROPERTY PLANNING, INC. 5001 PHILLIPS HIGHWAY, SUITE 7B JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		DATE _____

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	567608	STREET ADDRESS	
NAME	PROPERTY PLANNING, INC.	CITY ST ZIP	
STREET ADDRESS	5001 PHILLIPS HIGHWAY, SUITE 7B		
CITY ST ZIP	JACKSONVILLE FL 32207		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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CITY ST ZIP			

**000095160220**  
**03/28/07--01033--012 \*\*500.00**

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

**A.T. Parsons Jr.** 2/15/07 904-737-1245

Date

Daytime Phone #

STAPLE CHECK HERE