


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001845
1. Entity Name
MAHAFFEY ASSOCIATES COQUINA KEY, LLLP



Principal Place of Business
3700 POMPANO DR SE
ST PETERSBURG, FL 33705

Mailing Address
3700 POMPANO DR SE
ST PETERSBURG, FL 33705



2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0617563

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COQUINA KEY GENERAL PROPERTY, LLC
731 JAMESTOWN DR
WINTER PARK, FL 32792

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 _____
Signature, typed or printed name of registered agent and file if applicable.

9. Capital Contributions as Shown on record. \$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 526.25

**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 #	L03000055568	STREET ADDRESS	
NAME	COQUINA KEY GENERAL PROPERTY, LLC	CITY-ST-ZIP	
STREET ADDRESS	3700 POMPANO DR SE		
CITY-ST-ZIP	ST PETERSBURG, FL 33705		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

110101367061
05/16/05-80019-018 526.25

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: James W. Mahaffey 04-22-05 407-677-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

James W. Mahaffey

STAPLE CHECK HERE