


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 12:56

DOCUMENT # A06000000931			
1. Entity Name CORAL SANDS APARTMENTS, LTD.			
Principal Place of Business 2950 S.W. 27TH AVENUE, STE 200 MIAMI, FL 33133		Mailing Address 2950 S.W. 27TH AVENUE, STE 200 MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-5287105	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above information is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the obligation of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ Sign		DATE _____	
1.00 Fee will be \$900.00			
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	L06000073142 CORAL SANDS, LLC 2950 S.W. 27TH AVENUE, STE 200 MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	07/24/07-01042-011 **508.75
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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		Lloyd J. Boggio Date Daytime Phone #	

STAPLE CHECK HERE