


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A07000000019 1. Entity Name THE ESPLANADE AT PUNTA GORDA MANAGER, LTD.	
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FILED
 07 JUN -1 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216	Mailing Address 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216
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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

03292007 Chg-LP CR2E003 (12/06)

4. FEI Number 01-0679469		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 SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	M07000000063	STREET ADDRESS	
NAME	CORO INVESTMENTS GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	6900 SOUTHPOINT DRIVE NORTH, SUITE 250		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	900104218829
NAME		CITY-ST-ZIP	06/11/07-01032-019 **500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Robert Fransen **ROBERT FRANSEN** 04/30/07 (203) 506-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE