2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State **Due By May 1, 2008 DOCUMENT # A07000000019** THE ESPLANADE AT PUNTA GORDA MANAGER, LTD. Mailing Address Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 04162008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0679469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. M07000000063 DOCUMENT # CORO INVESTMENTS GP, LLC NAME STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 U000009435<u>6</u>2 CITY-ST-ZIP JACKSONVILLE, FL 32216 05/29/08-80065-006 500.00 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 empoweries to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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