

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A11591

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** CORAL WAY ASSOCIATES, LTD.

**Current Principal Place of Business:**

P.O. BOX 1963  
PORT TOWNSEND, WA 98368

**New Principal Place of Business:**

95 ARROWHEAD TRAIL  
BOZEMAN, MT 59718

**Current Mailing Address:**

PMB #44  
7720A SHEDHORN DR.  
BOZEMAN, MT 59718

**New Mailing Address:**

95 ARROWHEAD TRAIL  
BOZEMAN, MT 59718

FEI Number: 59-2140789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGELS, MARTIN  
100 S.E. SECOND STREET., STE 2150  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 500.00

**Amount of Capital Contributions in Florida to date:** 500.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: ALPERT, MAURICE D.

Address: P.O. BOX 160401 N/A

City-St-Zip: BIG SKY, MT 59716

**ADDRESS CHANGES ONLY:**

Address: 95 ARROHEAD TRAIL

City-St-Zip: BOZEMAN, MT 59718

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAURICE D ALPERT

GP

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date