2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # A14610** 04 JAN 27 PM 2: 18 1. Entity Name CORÁL 97 ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 12601 S.W. 56TH STREET 12601 S.W. 56TH STREET MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 CR2E003 (10/03) Cha-LP Applied For City & State City & State 4. FEI Number 59-2360326 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIMA, FELIX Street Address (P.O. Box Number is Not Acceptable) 12601 S.W. 56TH STREET MIAMI, FL 33175 City 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions as Shown on record. \$1,417,500.00 10. Amount of Capital Contributions in FLORIDA to date. 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. 13. ADDRESS CHANGES ONLY DOCUMENT# 🖔 STREET ADDRESS NAME LIMA, FELIX STREET ADDRESS 12601 S.W. 56TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 DOCUMENT # STREET ADDRESS <u> 100028694841</u> STREET ADDRESS 02/13/04--01008--007 CITY-ST-ZIP CITY-ST-72P DOCUMENT # STREET ADDRESS NAME _ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME \$ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 20/04 305-554-7425 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER