2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # A2412	0 _	7	•				
T & S CORAL LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 591 NORTH AVENUE. SUITE #3 WAKEFIELD MA 01880 Mailing Address 591 NORTH AVENUE. SUITE WAKEFIELD MA 01880			E #3	#3		OO APR 18 AH II: 43		
2. Principal Place of Business 7 TOTER RUPP Suite, Apt. #, etc. 3. Mailing Addre 7 TOTER Suite, Apt. #, etc.			BL ROAD					
City & State BEURRLY, MA City & State BEURRLY, M						4. FEI Number 04-2943797 Applied For Not Applicable		
Zip 0 [9] S	Country 6. Name and Address of Current F	Zip O19/J	Coun VS			5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent		
OPPENHEIMER, PETER 1750 UNIVERSITY DR. SUITE 203 CORAL SPRINGS FL 33071				Name SAUL L. ZUNGA Street Address (P.O. Box Number is Not Acceptable) SIGN SPYCIALL DR. WEST PAM BRACH, PL 33412 City FL Zip Code				
or capital contributorio						DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
NOTE: General Partners MAY NOT be changed on the for				UST BE F	iEGIS1	it must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZEP	ZINER, SAUL L			EET ADDRESS -ST-ZIP	7	TOTAL ROAD		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PARKER, THEODORE E JR. 21 PARKER DRIVE AVON MA			EET ADDRESS -ST-ZIP		6000032496667 -05/12/0001013003 *****88.75 *****88.75		
DOCUMENT# NAME*	AVOIT MA	-	STRI	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		600003249666 7 -05/12/0001013004		
DOCUMENT # NAME STREET ADDRESS				EET ADDRESS - - ST-ZIP		*****52.50 *****52.50		
CITY-ST-ZIP DOCUMENT#	The second secon	,		ET ADORESS				
NAME 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			CITY	- ST-ZIP				
DOCUMENT F			STRE	ET ADDRESS	- * -			
STREET ADDRESS CITY - ST - ZIP				-S1-ZDP				
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								