


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017676 AB

<b>DOCUMENT # A24120</b>		
1. Entity Name <b>T &amp; S CORAL LTD.</b>		

Principal Place of Business <b>7 TOZER ROAD BEVERLY MA 01880</b>	Mailing Address <b>7 TOZER ROAD BEVERLY MA 01880</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <b>01915</b> Country	Zip <b>01915</b> Country

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>04-2943797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>ZINER, SAUL L 8192 SPYGLASS DRIVE WEST PALM BEACH FL 33412</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$1,601.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,601.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>ZINER, SAUL L 7 TOZER ROAD BEVERLY MA 01880</b>	STREET ADDRESS	<b>800015478298 04/08/03 01073 008 **141.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		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

SIGNATURE: <i>Saul L. Ziner</i>	Date: <b>3-17-03</b>	Daytime Phone #: <b>561-677-6576</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

CR2E003 (10/02)