

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A27837

1. Entity Name

COASTAL INVESTMENT PROPERTIES, LTD.



FILED

04 FEB -2 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 1400 SW 15TH AVE FT. LAUDERDALE FL 33312		Mailing Address 1400 SW 15TH AVE FT. LAUDERDALE FL 33312	
2. Principal Place of Business 1215 S.E. 2ND AVE Suite, Apt. #, etc. SUITE 201		3. Mailing Address 1215 S.E. 2ND AVE Suite, Apt. #, etc. SUITE 201	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33316	Country BROWARD	Zip 33316	Country BROWARD

4. FEI Number 65-0096764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ISENBERG, WILLIAM S. 315 SE 7TH ST., SUITE 301 FT. LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000087131 PVP, INC. 1400 SW 15TH AVE FT. LAUDERDALE FL 33312	STREET ADDRESS CITY-ST-ZIP	1215 S.E. 2ND AVE, SUITE 201 FT. LAUDERDALE, FL 33316
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	M THOMAS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PURVIN PUJARA 1/27/04 (954) 467-7186

Date

Daytime Phone #

STAPLE CHECK HERE