

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVAL
AND
FILED

04 MAY -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31623

1. Entity Name
PICERNE CORAL KEY LIMITED PARTNERSHIP



Principal Place of Business
% 215 NORTH EOLA DRIVE
ORLANDO, FL 32801

Mailing Address
% 215 NORTH EOLA DRIVE
ORLANDO, FL 32801

2. Principal Place of Business
247 N. Westmonte Dr.
Suite, Apt. #, etc.

3. Mailing Address
247 N. Westmonte Dr.
Suite, Apt. #, etc.



02022004 Chg-LP CR2E003 (10/03)

City & State
Altamonte Springs FL
Zip
32714
Country

City & State
Altamonte Springs FL
Zip
32714
Country

4. FEI Number
59-3071052
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J ESQUIRE
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$990.00

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.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------------|--------------------------|-------------------------------|
| DOCUMENT # | S55287 | STREET ADDRESS | |
| NAME | PICERNE CORAL DEV. CORP. | CITY-ST-ZIP | |
| STREET ADDRESS | 247 N. WESTMONTE DR. | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | | |
| DOCUMENT # | | STREET ADDRESS | 100037564581 |
| NAME | | CITY-ST-ZIP | 05/02/04--01003--002 **141.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date _____ Daytime Phone # _____