

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A93000000845**

1. Entity Name  
**COCONUT SQUARE REALTY CO., LTD.**



**FILED**

**2007 MAR 22 AM 11:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**4996 W. ATLANTIC BLVD.  
MARGATE, FL 33063**

Mailing Address  
**P.O. BOX 8552  
CORAL SPRINGS, FL 33075**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0424014**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

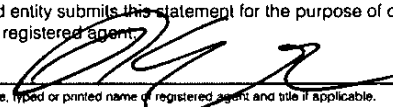
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETER J. SCHWEITZER & ASSOCIATES, INC.**  
**4996 W. ATLANTIC BLVD.**  
**MARGATE, FL 33063**

Name **Seth E. Ellis, PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2385 Executive Center Drive**  
**Suite 190**  
City **Boca Raton** FL Zip Code **33431**

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.

**2/21/07**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # **L43720**  
NAME **PETER J SCHWEITZER & ASSOCIATES, INC.**  
STREET ADDRESS **4996 W. ATLANTIC BLVD.**  
CITY-ST-ZIP **MARGATE, FL 33063**

STREET ADDRESS  
CITY-ST-ZIP  
**200095215882**  
**03/29/07--01017--012 \*\*500.00**

DOCUMENT #  
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **3/19/07** Daytime Phone # **954 972-0722**

STATE OF FLORIDA