

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122004 Chg-LP CR2E003 (10/03)

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|---|--|---|---|---|--|
| DOCUMENT # A94000000992 1. Entity Name CORAL SPRINGS CAPITAL INVESTMENT, LTD. | | | | | |
| Principal Place of Business 2423 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | | | Mailing Address 2423 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | | |
| 2. Principal Place of Business 9625 W. SAMPLE RD. Suite, Apt. #, etc. | | 3. Mailing Address 9625 W. SAMPLE RD. Suite, Apt. #, etc. | | 4. FEI Number 65-0516572 Applied For <input type="checkbox"/> Not Applicable | |
| City & State CORAL SPRINGS, FL Zip 33065 | | City & State CORAL SPRINGS, FL Zip 33065 | | | |
| Country U.S.A. | | Country U.S.A. | | | |
| 6. Name and Address of Current Registered Agent MELAMED, HOWARD 2423 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9625 W. SAMPLE RD. City CORAL SPRINGS FL Zip Code 33065 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$450,000.00 | | | 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 # V40081 NAME L. MELAMED ENTERPRISES, INC. STREET ADDRESS 2423 UNIVERSITY DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33065 | | | | STREET ADDRESS 9625 W. SAMPLE RD. CITY-ST-ZIP CORAL SPRINGS, FL 33065 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | |
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| 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | 4/13/04 954-340-7053 <small>Date Daytime Phone #</small> | |

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