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

SIGNATURE:

Mar 29, 2004 08:00 AM DOCUMENT # A94000001758 Secretary of State 1. Entity Name CORAL WAY, LIMITED Mailing Address Principal Place of Business 20458 OLD CUTLER ROAD P.O. BOX 143914 CORAL GABLES FL 33114 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address Suste Apt #, etc Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State 4. FEI Number Applied For City & State 65-0556108 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MULLER, CHARLES E II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD SUITE 200 **MIAMI FL 33173** Zio Code City 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, typod or printed name of registered agent and little if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,796,115.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. P94000074034 DOCUMENT # STREET ADDRESS NAME SILVER BLUFF MANAGEMENT CORP. I 20458 OLD CUTLER ROAD STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33189 P94000074037 DOCUMENT 4 STREET ADDRESS SILVER BLUFF MANAGEMENT CORP. II NAME STREET ADDRESS 20458 OLD CUTLER ROAD CITY-ST-ZIP U00000104366 CITY-ST-ZIP MIAMI FL 33189 04/106/04-80007-010-535.00 DOCUMENT # P94000074040 STREET ADDRESS SILVER BLUFF MANAGEMENT CORP. III NAME STREET ADDRESS 20458 OLD CUTLER ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City -53 - 78 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NASAE STREET ADDRESS CITY-ST-ZIP CITY-SE-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

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