


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001758			
1. Entity Name CORAL WAY, LIMITED			
Principal Place of Business 20458 OLD CUTLER ROAD MIAMI FL 33189		Mailing Address P.O. BOX 143914 CORAL GABLES FL 33114	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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	



1st MOORE CR2E003 (10/05)

4. FEI Number **65-0556108** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P94000074034	STREET ADDRESS	
NAME	SILVER BLUFF MANAGEMENT CORP. I	CITY-ST-ZIP	U00000440760 03/03/06-80007-019 508.75
STREET ADDRESS	20458 OLD CUTLER ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	
DOCUMENT #	P94000074037	STREET ADDRESS	
NAME	SILVER BLUFF MANAGEMENT CORP. II	CITY-ST-ZIP	
STREET ADDRESS	20458 OLD CUTLER ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	
DOCUMENT #	P94000074040	STREET ADDRESS	
NAME	SILVER BLUFF MANAGEMENT CORP. III	CITY-ST-ZIP	
STREET ADDRESS	20458 OLD CUTLER ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Amelia Courser* 2.15.06 305.371-2902