


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 22, 2007 08:00 A
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

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

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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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	
STREET ADDRESS	20458 OLD CUTLER ROAD		
CITY- ST- ZIP	MIAMI FL 33189		
DOCUMENT #	P94000074037	STREET ADDRESS	
NAME	SILVER BLUFF MANAGEMENT CORP. II	CITY- ST- ZIP	
STREET ADDRESS	20458 OLD CUTLER ROAD		
CITY- ST- ZIP	MIAMI FL 33189		
DOCUMENT #	P94000074040	STREET ADDRESS	
NAME	SILVER BLUFF MANAGEMENT CORP. III	CITY- ST- ZIP	
STREET ADDRESS	20458 OLD CUTLER ROAD		
CITY- ST- ZIP	MIAMI FL 33189		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

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03/30/07-80079-002 508.75

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 Conway 2-22-07 305-371-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE