

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A94000001758

1. Entity Name

CORAL WAY, LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 3:14

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 - No P.O. Box #

4665 Ponce de Leon Blvd

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Ste #2A

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/07)

City & State

CORAL GABLES FL

City & State

4. FEI Number

65-0556108

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

US

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

MULLER, CHARLES E II
7385 GALLOWAY ROAD
SUITE 200
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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

DOCUMENT # P94000074034
NAME SILVER BLUFF MANAGEMENT CORP. I
STREET ADDRESS 20458 OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL 33189

DOCUMENT # P94000074037
NAME SILVER BLUFF MANAGEMENT CORP. II
STREET ADDRESS 20458 OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL 33189

DOCUMENT # P94000074040
NAME SILVER BLUFF MANAGEMENT CORP. III
STREET ADDRESS 20458 OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL 33189

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4665 Ponce de Leon Blvd #2A

CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS 4665 Ponce de Leon Blvd #2A

CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS 4665 Ponce de Leon Blvd #2A

CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS 100125272881

04/23/08--01019--015 **\$08.75

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

PATRICIA C. LAWRENCE

3-30-08

305-371-2902

Date

Daytime Phone

STAPLE CHECK HERE