

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

03 FEB 11 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



City & State

City & State

4. FEI Number **65-0556108**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULLER, CHARLES E II
9350 S. DIXIE HIGHWAY, SUITE 1550
MIAMI FL 33156**

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

9. Capital Contributions
as Shown on record. **\$1,796,115.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**0000011902300
02/06/03-01022-014 **535.00**

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Amelia Cooley

2-3-03

Date

Daytime Phone #