

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

**DOCUMENT # A95000000508**

1. Entity Name

CORAL MGROUP LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 9:54

Principal Place of Business

C/O SOUTHEAST CENTERS  
1541 SUNSET DR., STE. 300  
CORAL GABLES FL 33143

Mailing Address

C/O NORMAN ORODENKER TILLINGHAST LICH  
SMITH & COHEN, LLP/10 WEYBOSSET ST 10  
PROVIDENCE RI 02903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3840363

Applied For

Not Applicable

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

AXELROD, ALAN D  
C/O BILZIN SUMBERG DUNN & AXELROD LLP  
2500 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131

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.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005  
See Block 11 instructions for fee info.

**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 # P95000017657  
NAME CORAL MGP CORP.  
STREET ADDRESS %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR  
CITY-ST-ZIP PROVIDENCE RI 02903

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100046556831  
02/15/05--01005--021 \*\*141.45

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/1/05 401-456-1200

STAPLE CHECK HERE