
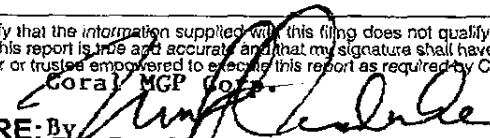


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000508</b>					
1. Entity Name CORAL MGROUP LTD.					
Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143			Mailing Address C/O NORMAN ORODENKER TILLINGHAST LIGHT SMITH & COHEN, LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE, RI 02903		
2. Principal Place of Business		3. Mailing Address Norman Orodenker/ Tillinghast Light LLP			
Suite, Apt. #, etc.		10 Weybosset Street, 10th Fl		01052006 Chg-LP CR2E003 (11/05)	
City & State		City & State Providence, RI		4. FEI Number 13-3840363	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
02903					
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 _____				DATE	
Signature, typed or printed name of registered agent and title if applicable.				02/01/06-80024-007 500.00	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000017657		STREET ADDRESS		
NAME	CORAL MGP CORP.		CITY-ST-ZIP		
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR				
CITY-ST-ZIP	PROVIDENCE, RI 02903				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			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 623, Florida Statutes					
SIGNATURE: By 				1/13/06 401-456-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	
Norman G. Orodenker, Secretary					

STAPLE CHECK HERE