



2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A95000000508</b>					
<b>1. Entity Name</b> CORAL MGROUP LTD.					
<b>Principal Place of Business</b> C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143			<b>Mailing Address</b> C/O NORMAN ORODENKER TILLINGHAST LIGHT SMITH & COHEN, LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE, RI 02903		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> Norman G. Orodenker Tillinghast Light LLP			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10 Weybosset Street, 10th Fl			
City & State		City & State Providence, RI 02903			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 13-3840363				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  AXELROD, ALAN D C/O BILZIN SUMBERG DUNN & AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> After May 1, 2007, Fee will be \$900.00					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P95000017657		STREET ADDRESS		
NAME	CORAL MGP CORP.		CITY-ST-ZIP		
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE, RI 02903		CITY-ST-ZIP		
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<b>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 the 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</b>					
SIGNATURE By <i>Norman G. Orodenker</i> Norman G. Orodenker, Secretary			Date <u>2/1/07</u> Daytime Phone # <u>401-456-1333</u>		

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