2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

A95000000508

1. Entity Name CORAL MGROUP LTD.



Principal Place of Business C/O SOUTHEAST CENTERS Mailing Address C/O NORMAN ORODENKER TILLINGHAST LICHT 1541 SUNSET DR., STE. 300 SMITH & COHEN, LLP/10 WEYBOSSET ST 10TH FL **CORAL GABLES FL 33143**



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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			THOUGHOL HI 02300			
2. Principal Place of Business			3. Mailing Address		S LOUTEN SESE JOSEP BINS BONN BONN BONN BONN BONN BONN BONN DOTAL (1981 1981	
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State			City & State		4. FEI Number 13-3840363 Applied	
Zip	Cou	ntry	Zip	Country	5. Certificate of Status Desired S8.75 Additiona	
	6. Name and A	ddress of Current Ro	egistered Agent	<u> </u>	7. Name and Address of New Registered Agent	
AXELRO	D, ALAN D			Name	Name and Address of New Registered Agent	
C/O BILZIN SUMBERG DUNN & AXELROD LLP				- Street Addre	ess (P.O. Box Number is Not Acceptable)	
2500 FIR	IST UNION FINANC	CIAL CENTER				
MIAMI FL	. 33131					
				City	FL Zip Code	
8. The above	e named entity submi	ts this statement for t	he purpose of changing its	registered office or reg	sistered agent, or both, in the State of Florida. I am familiar with, and ac	ccept
irie obliga	mons or registered ag	jent.				•
SIGNATURE	Signature broad or printed	name of registered agent and				_
9. Capital Co			10. Amount of Capita	ol Contributions	DATE	
9. Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to dat					11. MAKE CHECK PAYABLE TO FL. DEPT. OF S SEE REVERSE SIDE FOR FEE INFORMATIO	TATE
	A GENER	RAL PARTNER TH	AT IS A BUSINESS EN	TITY MUST BE REC	SISTERED AND ACTIVE WITH THE OFFICE	
NOTE: General Partners MAY NOT be changed on th 12. GENERAL PARTNER INFORMATION				ie form; an amendn		
DOCUMENT #	RUMENT # P95000017657 AE CORAL MGP CORP.				ADDRESS CHANGES ONLY	
NAME				STREET ADDRESS		
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14. Thereby certify that the information supplied with this filling 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 smaller 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 Coral MGP Corp.

CITY-ST-ZIP

SIGNATURE: By: ù LC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

1/13/03 Date

401-456-1200, x333 Daytime Phone #