## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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FILED 2004 APR 30 AM 10: 39 DOCUMENT # A96000001572 SECRETARY OF STATE TALLAHASSEE, FLORIDA CORAL WEST PLAZA II, LTD. Principal Place of Business Mailing Address C/O CORAL WEST PLAZA II, INC. C/O CORAL WEST PLAZA II, INC. 2460 S.W. 137TH AVENUE, SUITE 238 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI, FL 33175 MIAMI, FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 CR2E003 (10/03) Chg-LP City & State Applied For 4. FEI Number City & State 65-0688415 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALAYON, RICHARD ALAN-ESQ 2450 S.W. 137TH AVENUE, SUITE 221 MIAMI. FL- 33175. 75 sthis statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida the obligations of SIGNATU 9. Capital Contributions 10. Amount of Capital Contributions \$9,000.00 as Shown on record: in FLORIDA to date 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 ADDRESS CHANGES ONLY P96000070218 DOCUMENT # STREET ADDRESS CORAL WEST PLAZA II, INC. NAME STREET ADDRESS 2460 S.W. 137TH AVENUE, STE. 238 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 DOCUMENT # STREET ADDRESS NAME 000036194000 05/12/04--01035--006 \*\*151.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT ? STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 receive this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: