


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

06 MAY -1 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A96000001572

1. Entity Name
 CORAL WEST PLAZA II, LTD.



Principal Place of Business
 C/O CORAL WEST PLAZA II, INC.
 2460 S.W. 137TH AVENUE, SUITE 238
 MIAMI, FL 33175

Mailing Address
 C/O CORAL WEST PLAZA II, INC.
 2460 S.W. 137TH AVENUE, SUITE 238
 MIAMI, FL 33175

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0688415

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~A&A REGISTERED AGENT, INC.
 4551 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33146~~

7. Name and Address of New Registered Agent

Name: *Carmen L. DeLeon*

Street Address (P.O. Box Numbers Not Acceptable):
2460 SW 137 Ave

SUITE 238

City: *MIAMI* FL Zip Code: *33175*

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]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000070218	STREET ADDRESS	
NAME	CORAL WEST PLAZA II, INC.	CITY-ST-ZIP	
STREET ADDRESS	2460 S.W. 137TH AVENUE, STE. 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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*05/15/06--01035--018 **500.00*

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 620, Florida Statutes

SIGNATURE: *[Signature]* - *Carmen L. DeLeon* - 305-221-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *4-28-06* Daytime Phone #

STAPLE CHECK HERE