


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 29, 2008 08:00 AM
Secretary of State**

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 - No P.O. Box #
Suite, Apt #, etc

3. Mailing Address
Suite, Apt #, etc.

City & State
Zip Country



04212008 Chg-LP CR2E003 (12/06)

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

OCHOA, CARMEN L
2460 SW 137 AVE
SUITE 238
MIAMI, FL 33175

7. Name and Address of New Registered Agent

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

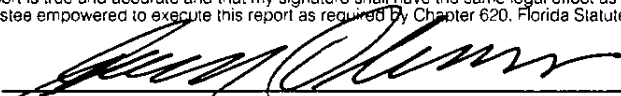
**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000070218 CORAL WEST PLAZA II, INC. 2460 S.W. 137TH AVENUE, STE. 238 MIAMI, FL 33175	STREET ADDRESS CITY-ST-ZIP	000000931658 05/22/08-80023-010 500.00
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STAPLE CHECK HERE

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:  **4/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #