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OCUMENT # A9600001573							FILED		
CORAL WEST PLAZA III, LTD.							00 HAY 19 PM 1: 32		
Maille Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business C/O CORAL WEST PLAZA III, INC. C/O CORAL WEST PLAZA III. 2460 S.W. 137TH AVENUE, SUITE 238 WIAMI ←L 33175 MIAMI ←L 33175 MIAMI ←L 33175-6398									
. Principal Pl	ace of Business	Mailing Address			. (1001)	- 1 10015H 1016 10116 6UN 00NI 00NI 00NI 00NI 00NI 00NI 00NI 10NI 01NI 18460 HII 1901			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FE! Number	65-0688417	Applied For Not Applicable	
Zip	Country	Z	Zip .	Coun	ntry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Addres	s of Current Regist	ered Agent			7. Name and	Address of New Register	ed Agent	
ALAYON, RICHARD ALAN ESQ 2450 S.W. 137TH AVENUE, SUITE 229 MIAMI FL 33175					Name				
					Street Address (P.O. Box Number is Not Acceptable)				
					City FL Zip Code				
. The above	named entity submits this	s statement for the p	urpose of changing its	register	ed office or re	egistered agent, or both	n, in the State of Florida.	•	
IGNATURE	Signature, typed or printed name of	nt societared greent and title if	applicable (NOTE	· Registere	d Agent signature	required when reinstating)	DA	re	
Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to date. 10. Amount of Capital Contributions in FLORIDA to date.									
	A GENERAL NOTE: General I	PARTNER THAT I	S A BUSINESS ENT T be changed on th	TITY M	UST BE RE	GISTERED AND A	CTIVE WITH THIS OFF I to change a general	ICE. partner.	
2.		RAL PARTNER INFO		13.		ADDRESS CHANGES ONLY			
OCUMENT # P96000070209 CORAL WEST PLAZA III, INC.				STREET ADDRESS					
TREET ADIORESS	2460 S.W. 137TH AVENUE, SUITE 238 MIAMI FL 33175			СПУ	'-ST-ZIP	*******10.50 *******10.50			
OCUMENT # AME				STRI	EET ADDRESS		******10.0	U ******10.55	
TREET ADORESS HTY-ST-ZOP				CITY	′-ST-ZNP	91	9000032666894 -05/25/0001063004		
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TREET ADORESS	,			СПУ	/-ST-2IP				
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TREET ADDRESS	<u>.</u>			CITY	'-ST-ZIP		- 114 may -		
OCLMENT#				STR	EET ADORESS				

14. 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 execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4-28-00