


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 30 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A96000001573

1. Entity Name
 CORAL WEST PLAZA III, LTD.




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

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent
~~A&P REGISTERED AGENT, INC.
 2450 S.W. 137TH AVENUE, SUITE 224
 MIAMI, FL 33175~~



04062004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0688417

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

Applied For
 Not Applicable

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 *Gretel Rodriguez*, Gretel Rodriguez, President DATE 4/6/04

9. Capital Contributions as Shown on record. \$9,000.00

10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000070209 CORAL WEST PLAZA III, INC. 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI, FL 33175	STREET ADDRESS CITY-ST-ZIP	
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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 629, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/7/04 DAYTIME PHONE #: (305) 221-1515

STAPLE CHECK HERE