


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A96000001573</b> 1. Entity Name CORAL WEST PLAZA III, LTD.		
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06 MAY -1 AM 9:39

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



04262006 Chg-LP CR2E003 (11/05)

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0688417	Applied For Not Applicable
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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
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7. Name and Address of New Registered Agent Name: <i>Lawrence L. Ochoa</i> Street Address: <i>2460 SW 137 Ave</i> <i>Suite 238</i> City: <i>Miami</i> FL <i>33175</i>
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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: \_\_\_\_\_

**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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000070209	STREET ADDRESS	
NAME	CORAL WEST PLAZA III, INC.	CITY-ST-ZIP	
STREET ADDRESS	2460 S.W. 137TH AVENUE, SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

**000074621380**  
 05/15/06--01035--019 \*\*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]* - *Lawrence L. Ochoa - 305) 221-1576*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

4-28-06