

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A9600001573 1. Entity Name CORAL WEST PLAZA III, LTD.	
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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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04182007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

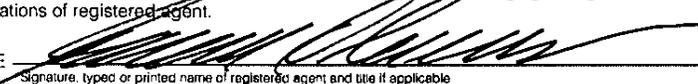
4. FEI Number 65-0688417	Applied For - Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000070209 CORAL WEST PLAZA III, INC. 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI, FL 33175
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U00000738922  
05/14/07-30004-006 500.00

STATE OF FLORIDA DEPT

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: 