


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000000225	
1. Entity Name CORAL VILLAGE, LTD.	

FILED

04 JUN -7 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1430 S.E. 16TH PLACE UNIT B CAPE CORAL, FL 33990	Mailing Address 1430 S.E. 16TH PLACE UNIT B CAPE CORAL, FL 33990
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04232004 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number 65-0721227	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARNOLD, BOWEN A 1520 ROYAL PALM SQUARE BLVD. SUITE 360 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,223,569.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	N95000001649 CAPE CORAL HOUSING REHABILITATION&DEV CORP 1430 S.E. 16TH PLACE, UNIT B CAPE CORAL, FL 33990	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V26828 HARDING CONSTRUCTION SERVICES, INC. 5544 FAIRFAX STREET ORLANDO, FL 32812	STREET ADDRESS CITY-ST-ZIP	700037873747 06/11/04--01029--034 **526.25
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STAPLE CHECK HERE

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

SIGNATURE: BOWEN A ARNOLD AGENT, CCHADC 4/24/04 2292758029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #