

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000225

Entity Name: CORAL VILLAGE, LTD.

FILED  
Aug 16, 2007  
Secretary of State

**Current Principal Place of Business:**

1430 S.E. 16TH PLACE  
UNIT B  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1430 S.E. 16TH PLACE  
UNIT B  
CAPE CORAL, FL 33990

**New Mailing Address:**

1520 ROYAL PALM SQUARE BLVD  
360  
FORT MYERS, FL 33919

FEI Number: 65-0721227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, BOWEN A  
1520 ROYAL PALM SQUARE BLVD.  
SUITE 360  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: N95000001649  
Name: CAPE CORAL HOUSING REHABILITATION&DEV CORP  
Address: 1430 S.E. 16TH PLACE, UNIT B  
City-St-Zip: CAPE CORAL, FL 33990

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

\_\_\_\_\_ Electronic Signature of Signing General Partner

08/16/2007

\_\_\_\_\_ Date