

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000417

1. Entity Name
CORAL WEST PLAZA I, LTD.



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0735822

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A & P REGISTERED AGENT, INC.
2450 S.W. 137TH AVENUE
#221
MIAMI, FL 33175

Name: A & P Registered Agent Inc.
Street Address (P.O. Box Number is Not Acceptable):
2450 SW 137 Avenue
Suite 221
City: Miami FL Zip Code: 33175

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

4/6/04
DATE

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 # P97000013933
NAME CORAL WEST PLAZA I, INC.
STREET ADDRESS 2460 S.W. 137TH AVENUE, SUITE 238
CITY-ST-ZIP MIAMI, FL 33175

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 300036193993
CITY-ST-ZIP 05/12/04-01035-005 **151.75

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STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/04 (305) 221-1515
Date Daytime Phone #

STAPLE CHECK HERE