
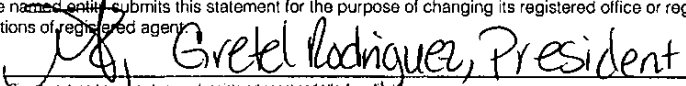


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
2005 JUL -7 PM 2: 35  
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	42622005 Chg-LP CR2E003 (10/03)
4. FEI Number 65-0735822				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
A & A REGISTERED AGENT, INC. <del>2460 S.W. 137TH AVENUE</del> <del>#221</del> MIAMI, FL 33175			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			4551 Ponce de Leon Blvd. City Coral Gables FL Zip Code 33146	
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, President			DATE 4/28/05	
9. Capital Contributions as Shown on record. \$9,000.00			10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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		STREET ADDRESS	
NAME	CORAL WEST PLAZA I, INC.		CITY-ST-ZIP	
STREET ADDRESS	2460 S.W. 137TH AVENUE, SUITE 238			
CITY-ST-ZIP	MIAMI, FL 33175			
DOCUMENT #			STREET ADDRESS	200857344862
NAME			CITY-ST-ZIP	07/12/05--01032--012 **151.75
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NAME			CITY-ST-ZIP	
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: 			Date 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #	

STAPLE CHECK HERE