


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

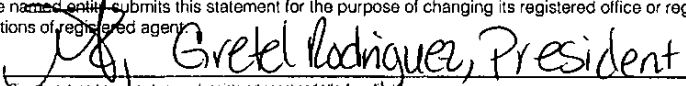
6. Name and Address of Current Registered Agent	
A & A REGISTERED AGENT, INC. <del>2460 S.W. 137TH AVENUE</del> <del>#221</del> <del>MIAMI, FL 33175</del>	

04262005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0735822	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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 	DATE 4/28/05

9. Capital Contributions as Shown on record. \$9,000.00	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 #	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	200057344862
NAME		CITY-ST-ZIP	07/12/05--01032--012 **J51.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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	
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SIGNATURE: 	DATE 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Daytime Phone #	

STAPLE CHECK HERE

FILED  
2005 JUL -7 PM 2: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

