


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:43

**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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	
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04262006 Chg-LP CR2E003 (11/05)

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 <i>Armen H. Ochot</i> Street Address (P.O. Box Number is Not Applicable) <i>2460 SW 137th Ave Suite 238</i> City <i>MIAMI FL</i> Zip Code <i>33175</i>	
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE
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FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
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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	P97000013933 CORAL WEST PLAZA I, INC. 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI, FL 33175	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900075013329 05/22/06--01008--002 **500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <i>5-22-06</i> Daytime Phone #
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STAPLE CHECK HERE