

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

6. Name and Address of Current Registered Agent

~~**A & A REGISTERED AGENT, INC.**~~
~~**4551 PONCE DE LEON BLVD.**~~
~~**CORAL GABLES, FL 33146**~~



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
65-0735822 Not Applicable

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

7. Name and Address of New Registered Agent

Name: **Armen H. Ochov**

Street Address (P.O. Box Number is Not Applicable): **2460 SW 137th Ave Suite 238**

City: **MIAMI FLA** 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: *[Signature]* DATE: _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

900075013329
05/22/06--01008--002 **500.00

STAPLE CHECK HERE

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: *[Signature]* - **Armen Ochov** - Date: **05-22-15/15** Daytime Phone #

4-28-06