


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000000417 1. Entity Name CORAL WEST PLAZA I, LTD.	
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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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04212008 Chg-LP CR2E003 (12/06)

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	
OCHOA, CARMEN L 2460 SW 137 AVE., SUITE 238 MIAMI, FL 33175	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____
Signature: typed or printed name of registered agent; and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	000000991855
NAME	CORAL WEST PLAZA I, INC.	CITY-ST-ZIP	05/22/08-80028-011 500.00
STREET ADDRESS	2460 S.W. 137TH AVENUE, SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
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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 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:  **4/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE