2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000002379

1. Entity Name
TRICONY CORAL SPRINGS LTD.

Principal Place of Business	Mailing Address
C/O MR. RICK TORRES 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480	C/O MR. RICK TORRES 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

01102008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0794941
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRICONY FLORIDA CORP
313 1/2 WORTH AVE
STE B-1
PALM BEACH, FL 33480

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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 _____ 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

U00000873669
04/10/08-80009-004 500.00

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

DOCUMENT #	P97000093522
NAME	TRICONY CORAL SPRINGS CORP.
STREET ADDRESS	313 1/2 WORTH AVE., SUITE B-1
CITY-ST-ZIP	PALM BEACH, FL 33480
DOCUMENT #	
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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: Rick Torres 3-21-08 (561)832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #