2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002450

1. Entity Name
CORAL COVE, LTD.

Principal Place of Business	Mailing Address
3645 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS, FL 34134	P.O. BOX 369 BONITA SPRINGS, FL 34133-0369

03142005 Chg-LP CR2E003 (10/03)

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

4. FEI Number 59-3537985 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUYLS, JOSHUA J 3645 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS, FL 34134	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 of new registered agent, if applicable

9. Capital Contributions as Shown on record.	$5,286,379.00	10. Amount of Capital Contributions in FLORIDA to date	535.00

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 #	P98000091285	STREET ADDRESS	
NAME	CORAL COVE, INC.	CITY ST ZIP	
STREET ADDRESS	3645 BONITA BEACH RD. #3		
CITY ST ZIP	BONITA SPRINGS, FL 34134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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DOCUMENT #		STREET ADDRESS	U00000347363 04/30/05-80112-015 535.00
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CITY ST ZIP			

STAPLE CHECK HERE

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.

SIGNATURE: JOSHUA S TUYLS Joshua S. Tuyls 4-19-05 (239) 992-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #