FROM : FAX NO. : Aug. 27 2004 11:51AM P2

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000062

1. Entity Name

THE SUNCOAST FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7861 S.W. 53RD AVENUE MIAMI FL 33143	7861 S.W. 53RD AVENUE MIAMI FL 33143

1ST MOORE CR2E003 (10/04)

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 65-0884527 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COIN INTERNATIONAL, INC.
7861 S.W. 53RD AVENUE
MIAMI FL 33143

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.

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	513071	STREET ADDRESS	
NAME	COIN INTERNATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	7861 S.W. 53RD AVENUE		
CITY-ST-ZIP	MIAMI FL 33143		
DOCUMENT #		STREET ADDRESS	000000368177 05/24/05--80009--015 526.25
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
		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: ______ 4/19/05 (727) 384-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #