



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001161</b> 1. Entity Name CORAL COVE I, LTD.					
Principal Place of Business 3645 BONITA BEACH ROAD #3 BONITA SPRINGS, FL 34134			Mailing Address 3645 BONITA BEACH ROAD #3 BONITA SPRINGS, FL 34134		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04022004    Chg-LP    CR2E003 (10/03)	
Zip      Country		Zip      Country		4. FEI Number 59-3586157	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  TUYLS, JOSHUA J 3645 BONITA BEACH ROAD #3 BONITA SPRINGS, FL 34134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.    \$100.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000062460 CORAL COVE I, INC. 3645 BONITA BEACH RD #3 BONITA SPRINGS, FL		STREET ADDRESS  CITY - ST - ZIP	STREET ADDRESS  CITY - ST - ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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					
<b>SIGNATURE:</b> <u>Joshua J. Tuijs</u> 4/27/04    239-992-8833 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #</small>					

STAPLE CHECK HERE