2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

**Due By May 1, 2005** 2005 APR 25 PM 12: 21 DOCUMENT # A99000001273 SECRETARY OF STATE TALLAHASSEE, FLORIDA CORAL CLUB APARTMENTS, LTD. Principal Place of Business Mailing Address 7900 GLADES ROAD, SUITE 420 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address 7900 Glades Rd. 7900 Glades Rd. Suite, Apt. #, etc.
Suite 600 Suite, Apt. #, etc.
Suite 600 01132005 CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0937512 Not Applicable Boca\_Raton,\_FL\_33434 Boca\_Raton,\_FL\_33434 Zip \$8.75 Additional 5. Certificate of Status Desired Palm Beach 33434 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUER, SHERI Street Address (P.O. Box Number is Not Acceptable) C/O TOPPEL PARTNERS 7900 GLADES ROAD, SUITE 420 BOCA RATON FL 33434 7900 Glades Rd. Suite 600 <sup>City</sup>Boca Raton be purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of regin Sheri Sauer SIGNATURE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,000.00 280,00,00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P99000066743 DOCUMENT A STREET ADDRESS 7900 Glades Rd. Suite 600 NAME CORAL CLUB APARTMENTS, INC. STREET ADDRESS 7900 GLADES ROAD, SUITE 420 CITY-ST-ZIP Boca Raton, FL. 33434 CITY-ST-7IP BOCA RATON, FL 33434 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 400054348954 05/13/05--01003--009 \*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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 or this report is true and accurate and that my signature shall have the same legal effect as it 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

Harold\_Toppel

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