## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Mar 15, 2006 08:00 AM DOCUMENT # A99000001273 **Secretary of State** 1. Entity Name CORAL CLUB APARTMENTS, LTD. Principal Place of Business Mailing Address 7900 GLADES ROAD, SUITE 600 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 BOCA RATON, FL 33434 02282006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0937512 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent SAUER, SHERI DO NOT WRITE 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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.

GENERAL PARTNER INFORMATION 12. P99000086743 DOCUMENT # MASKE CORAL CLUB APARTMENTS, INC. STREET ADDRESS 7900 GLADES ROAD, SUITE 600 CITY-ST-20 BOCA RATON, FL 33434 DOCUMENT 6 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

U00000468074 03/24/06-80017-017 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT ( NAME STREET ADDRESS

361-451-4696

Applied For

Not Applicable