

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



576.25
FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 OCT -2 PM 12:26

1. Name of Limited Partnership	1a. DOCUMENT # B9400000132
CORAL-TGFYE, LTD.	



Mailing Address C/O R. FOWNES 160 POWDER POINT AVE DUXBURY MA 02332	Principal Office Address 32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19901	3. Date Formed or Registered 04/08/1994	5a. Capital Contributions as Shown on record \$266,667.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/06/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	
City & State	City & State	6. FEI Number 04-3218520	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent MADIGAN, TERRELL C 206 SOUTH ADAMS STREET TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above named limited partnership organization or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) TGFYE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 32 LOOCKERMAN SQUARE,	11b. City, State & Zip Code DOVER DE 19901	11c. Registration/Document Number F9400001815
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* **PRESIDENT, TGFYE, INC** DATE **9-25-96**
Typed or Printed Name of General Partner Signing Form **RICHARD FOWNES PRESIDENT** Daytime Telephone Number **617-934-9000**

CP2E003 (6/96)