

# 2001 UNIFORM BUSINESS REPORT (UBR)

197

**DOCUMENT # A0000002004**  
 1. Entity Name  
**SEVENTY EIGHT HUNDRED CORAL LIMITED PARTNERSHIP**

**FILED**  
 01 JUL 23 AM 8:47

Principal Place of Business: **7800 CORAL ST HYPOLUXO FL 33462**  
 Mailing Address: **7800 CORAL ST HYPOLUXO FL 33462**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number: **65-1069288**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ALPHONSE, LLC**  
**7800 CORAL ST**  
**HYPOLUXO FL 33462**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$3,000,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **\$3,000,000.00**  
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	<b>L00000015599</b>
NAME	<b>ALPHONSE LLC</b>
STREET ADDRESS	<b>7800 CORAL ST</b>
CITY-ST-ZIP	<b>HYPOLUXO FL 33462</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>300004500399--4</b>
	<b>-07/26/01--01086--001</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Margaret Ann Lembo* **MARGARET ANN LEMBO** 7/13/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MANAGING MEMBER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)