


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED  
Jul 19, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A23786</b>					
1. Entity Name COLLATERAL MORTGAGE, LTD.					
Principal Place of Business COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210			Mailing Address COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0925217	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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. \$300,000.00		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. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P12314		STREET ADDRESS		
NAME	COLLAT, INC.		CITY-ST-ZIP	400000167535	
STREET ADDRESS	1900 CRESTWOOD BLVD.			07/20/04-80009-002 926.25	
CITY-ST-ZIP	BIRMINGHAM, AL				
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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)(f), Florida Statutes. 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: <i>Cheeryl R. Stone</i>		Collat Inc, Corporate General Partner		6/30/04 (205) 951-4423	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Cheeryl R. Stone, SVP		Date Daytime Phone #	

STAPLE CHECK HERE