


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005


FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 SEP -2 AM 9:46

<b>DOCUMENT # A23786</b> 1. Entry Name COLLATERAL MORTGAGE, LTD.	
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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
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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08042005 Chg-LP CR2E003 (10/03)



City & State	City & State	4. FEI Number <b>63-0925217</b>	Applied For Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$300,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P12314	STREET ADDRESS	
NAME	COLLAT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1900 CRESTWOOD BLVD.		
CITY-ST-ZIP	BIRMINGHAM, AL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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:** Janet C. Brown, Secretary 9/23/05 205/951-4433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #