


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A00000000839 1. Entity Name CONSOLIDATED INVESTMENTS FAMILY LIMITED PARTNERSHIP	
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FILED
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 6172 EAST BAY BOULEVARD GULF BREEZE FL 32563	Mailing Address 6172 EAST BAY BOULEVARD GULF BREEZE FL 32563
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 58-2445001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLINS, LAURENCE W 6172 EAST BAY BOULEVARD GULF BREEZE FL 32563	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. \$5,000,000.00	10. Amount of Capital Contribution in FLORIDA to date. \$2,059,457.20	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
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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 #	NAME	STREET ADDRESS	
NAME	COLLINS, LAURENCE W	CITY-ST-ZIP	100027522351
STREET ADDRESS	6172 EAST BAY BOULEVARD		01/23/04--01053--029 **526.25
CITY-ST-ZIP	GULF BREEZE FL 32563		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COLLINS, JOHN B	CITY-ST-ZIP	
STREET ADDRESS	5552 EAST BAY BLVD.		
CITY-ST-ZIP	GULF BREEZE FL 32563		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: Laurence W. Collins 1-21-04 850-934-8751
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE