

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

DOCUMENT # A00000000839

1. Entity Name

CONSOLIDATED INVESTMENTS FAMILY LIMITED
 PARTNERSHIP



FILED

04 JAN 23 PM 1:16

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

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 <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COLLINS, LAURENCE W
 6172 EAST BAY BOULEVARD
 GULF BREEZE FL 32563

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.	\$5,000,000.00	10. Amount of Capital Contribution in FLORIDA to date.	72,059,457.20	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 CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	100027522351
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	01/23/04-01053-029 **526.25
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DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	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

LAURENCE W. COLLINS

SIGNATURE: *Laurence W. Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-04 850-934-8751

Date

Daytime Phone #

STAPLE CHECK HERE