

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000839

1. Entity Name
**CONSOLIDATED INVESTMENTS FAMILY LIMITED
PARTNERSHIP**



Principal Place of Business
**6172 EAST BAY BOULEVARD
GULF BREEZE, FL 32563**

Mailing Address
**6172 EAST BAY BOULEVARD
GULF BREEZE, FL 32563**



01032006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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.

U000000382334
01/12/06-80003-024-500.00
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 #	
NAME	COLLINS, LAURENCE W
STREET ADDRESS	6172 EAST BAY BOULEVARD
CITY- ST- ZIP	GULF BREEZE, FL 32563

DOCUMENT #	
NAME	COLLINS, JOHN B
STREET ADDRESS	5552 EAST BAY BLVD.
CITY- ST- ZIP	GULF BREEZE, FL 32563

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-03-2006 850/934-8751
Date Daytime Phone #

STAPLE CHECK HERE