


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2005

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001929</b>	
1. Entity Name <b>FLEA MARKET OF ORTIZ AVENUE LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>1501 ORTIZ AVENUE FORT MYERS, FL 33905</b>	Mailing Address <b>4250 PERTH COURT N. FORT MYERS, FL 33903</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192005	Chg-LP	CR2E003 (10/03)
4. FEI Number <b>65-1062816</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>COLLINS, BARBARA R 4250 PERTH COURT NORTH FORT MYERS, FL 33903</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b>   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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$1,360,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P00000109398	STREET ADDRESS	
NAME	JAMES LEWIS COLLINS ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	4250 PERTH COURT		
CITY-ST-ZIP	N. FORT MYERS, FL 33903		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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. 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.

<b>SIGNATURE:</b> ✓ <i>Barbara Queen</i> <i>Partner</i>	✓ 4/20/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>