


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000300	
1. Entity Name MILLPOND COLLECTIONS, LIMITED	

Principal Place of Business 1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603	Mailing Address 1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country



03032004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3710631	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	
REIBER, SAM I 601 E. TWIGGS STREET, SUITE 200 TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
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 _____	DATE _____
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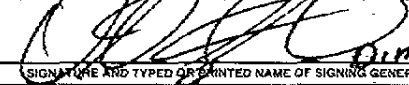
9. Capital Contributions as Shown on record. \$800,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000001771	STREET ADDRESS	
NAME	MILL POND, L.L.C.	CITY ST ZIP	
STREET ADDRESS	1525 WEST HILLSBOROUGH AVENUE		
CITY ST ZIP	TAMPA, FL 33603		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
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CITY ST ZIP			

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05/06/04-80001-013 528.25

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: 	DIMITAR ARZIBASHOV	4/23/04 813-237-0529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #

STAPLE CHECK HERE