

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


**FILED**

04 MAY 12 PM 2:26

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # A0100001676**

1. Entity Name  
**COLLINS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
 4141 NE 2ND AVE., STE. 201  
 MIAMI, FL 33137

Mailing Address  
 2665 S. BAYSHORE DRIVE, SUITE 703  
 MIAMI, FL 33133



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

04272004 Chg-LP CR2E003 (10/03) **5112**

4. FEI Number  
 26-0014339

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

WORLD CORPORATE SERVICES, INC.  
 2665 S. BAYSHORE DRIVE, SUITE 703  
 MIAMI, FL 33133

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: **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	L01000022411	STREET ADDRESS	
NAME	COLLINS MANAGEMENT LLC	CITY-ST-ZIP	
STREET ADDRESS	4141 N.E. 2ND AVE. SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33137		
DOCUMENT #		STREET ADDRESS	<b>400036078984</b>
NAME		CITY-ST-ZIP	<b>05/12/04 01013-002 **891.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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)(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: Timothy D. Richards **4/28/04 (305) 858-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #