

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

FILED

05 MAY -4 AM 8:13

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-LP CR2E003 (10/03) 141.25

City & State

City & State

4. FEI Number  
26-0014339

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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. \$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  
NAME COLLINS MANAGEMENT LLC  
STREET ADDRESS 4141 N.E. 2ND AVE. SUITE 201  
CITY-ST-ZIP MIAMI, FL 33137

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

400054344164  
05/12/05--01078--006 \*\*591.25

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

Timothy D. Richards

SIGNATURE:

*Timothy D. Richards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/05 (305) 858-9900

Date

Daytime Phone #

51100