2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000001676

1. Entity Name
COLLINS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -1 AM 9:45

Principal Place of Business	Mailing Address
4141 NE 2ND AVE., STE. 201 MIAMI, FL 33137	2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-LP CR2E003 (11/05)

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
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.

700075218527
05/25/06--01008--001 **350.00

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	L01000022411	STREET ADDRESS	
NAME	COLLINS MANAGEMENT LLC		
STREET ADDRESS	4141 N.E. 2ND AVE. SUITE 201	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

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: Timothy D. Richards 4/20/06 (305) 858-9900

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