


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 MAY 18 P 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A01000001676</b>				
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 - No P.O. Box # 2699 Collins Avenue		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Miami Beach, FL		City & State		4. FEI Number 26-0014339
Zip 33140	Country USA	Zip	Country	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>				
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000022411	STREET ADDRESS	2699 Collins Avenue	
NAME	COLLINS MANAGEMENT LLC	CITY-ST-ZIP	Miami Beach, FL 33140	
STREET ADDRESS	4141 N.E. 2ND AVE. SUITE 201			
CITY-ST-ZIP	MIAMI, FL 33137			
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NAME		CITY-ST-ZIP		
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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: <i>Timothy D. Richards</i>			Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4/27/07	(305) 858-9900

STAPLE CHECK HERE