


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

DOCUMENT # A0100001676
 1. Entity Name
COLLINS FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 2699 COLLINS AVENUE 2665 S. BAYSHORE DRIVE, SUITE 703
 MIAMI BEACH, FL 33140 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04102008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
26-0014339 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.

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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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 #	L01000022411	STREET ADDRESS	
NAME	COLLINS MANAGEMENT LLC	CITY-ST-ZIP	
STREET ADDRESS	2699 COLLINS AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 Date: 4/14/08 Daytime Phone #: (305) 858-9900