



**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A0100001676					
1. Entity Name COLLINS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 4141 NE 2ND AVE., STE. 201 MIAMI, FL 33137			Mailing Address 4141 NE 2ND AVE., STE. 201 MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshore Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703			
City & State		City & State Miami, Florida		DUE BY MAY 1, 2003	
Zip		Country		4. FEI Number 26-0014339	
33133		USA		Applied For Not Applicable	
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>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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		
NAME			CITY - ST - ZIP		
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500017920715 05/02/03--01085--012 **1850.00					
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 4/11/03 (305) 858-9900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

CR2E003 (10/02)