


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

| | | | | | |
|---|---------|-----|---|---|--|
| DOCUMENT # A04000001014 | | | |  | |
| 1. Entity Name LAS BRISAS DE COLLINS, LTD. | | | | | |
| Principal Place of Business 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY FL 33178 | | | Mailing Address 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY FL 33178 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 03-0399214 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

FILED
2005 APR 25 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

| | | | | | |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent FERNANDEZ, IRIS M 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY FL 33178 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE _____ | |
| 9. Capital Contributions as Shown on record. 265,000 | | | | 10. Amount of Capital Contributions in FLORIDA to date. 265,000 | |

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # | P02000017662 | | | STREET ADDRESS | |
| NAME | EL PROGRESO PLAZA, INC. | | | CITY-ST-ZIP | |
| STREET ADDRESS | 11710 NW SOUTH RIVER DRIVE, SUITE 216 | | | | |
| CITY-ST-ZIP | MEDLEY FL 33178 | | | | |
| DOCUMENT # | | | | STREET ADDRESS | 300051800693 |
| NAME | | | | CITY-ST-ZIP | 04/25/05--01017--020 **526.25 |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY-ST-ZIP | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY-ST-ZIP | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| 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 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:

[Signature]
PRES., EL PROGRESO PLAZA, INC.

4/20/5 305-887-9919
Date Daytime Phone #

STAPLE CHECK HERE