


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


DOCUMENT # A04000001014 1. Entity Name LAS BRISAS DE COLLINS, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 10:43

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 83-0399214 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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01192006 Chg-LP CR2E003 (11/05)

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
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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, 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 # P02000017662 NAME EL PROGRESO PLAZA, INC. STREET ADDRESS 11710 NW SOUTH RIVER DRIVE, SUITE 216 CITY-ST-ZIP MEDLEY, FL 33178	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.5em; font-weight: bold;">100065853831</div> 02/14/06--01056--014 **500.00

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:  January 31st/2006 305-887-9919

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