

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001993

1. Entity Name
MARION M. COLLINS LIMITED PARTNERSHIP



Principal Place of Business
**4600 MAGNOLIA BEACH RD.
PANAMA CITY BEACH, FL 32408**

Mailing Address
**4600 MAGNOLIA BEACH RD.
PANAMA CITY BEACH, FL 32408 US**



01212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3452149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHUMAKER, CLAUDIA C
4600 MAGNOLA BEACH RD.
PANAMA CITY BEACH, FL 32408**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

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

U00000898039
04/25/08-80072-009 500.00

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

DOCUMENT # **P04000116194**
NAME **COLLINWOOD PROPERTIES, INC.**
STREET ADDRESS **4600 MAGNOLIA BEACH RD.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

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IN THIS SPACE**

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: *Marion M. Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARION M. COLLINS

Date

4-10-08

Daytime Phone #

850-234-2556

STAPLE CHECK HERE