


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVAL
 AND
 FILED

04 MAY 10 AM 8:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A19561 1. Entity Name CFS I - PAVILION, LTD.	
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Principal Place of Business 3003 TAMiami TRAIL N STE 400 NAPLES, FL 34103	Mailing Address 3003 TAMiami TRAIL N STE 400 NAPLES, FL 34103
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2541100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRINAM, ROBERT D 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name <u>CORINA ROBERT D</u> Street Address (P.O. Box Number is Not Acceptable) <u>3003 TAMiami TRAIL N, STE 400</u> City <u>NAPLES</u> FL Zip Code <u>34103</u>
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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.

9. Capital Contributions as Shown on record.. \$2,800,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,800,000.00
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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 # M06384	NAME COLLIER FINANCIAL SERVICES, INC.	STREET ADDRESS	
STREET ADDRESS 3003 TAMiami TRAIL NORTH, SUITE 400	CITY-ST-ZIP NAPLES, FL 34103	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	

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 06/01/04--01014--017 **526.25

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: Robert D. Corina 4/30/04 239-261-4455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE