


2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A21557**

1. Entity Name  
COLONIAL VILLAGE SHOPPING CENTER, LTD., LLLP



Principal Place of Business  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33146

Mailing Address  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33146



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2660299

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRIN, ROBERT G.  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33146

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

9. Capital Contributions as Shown on record. \$424,020.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #                      | BERRIN, ROBERT G.             | STREET ADDRESS           |                           |
| NAME                            | 4601 PONCE DE LEON BLVD. #300 | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | CORAL GABLES, FL 33146        |                          |                           |
| CITY-ST-ZIP                     |                               |                          |                           |
| DOCUMENT #                      | BERRIN, RAY                   | STREET ADDRESS           | U00000082826              |
| NAME                            | 9001 SW 56TH COURT            | CITY-ST-ZIP              | 03/10/04-80012-021 526.25 |
| STREET ADDRESS                  | MIAMI, FL 33156               |                          |                           |
| 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)(f), 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:** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-18-03A(305)663663

SAMPLE CHECK HERE