


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 22, 2005 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		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERRIN, ROBERT G. 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33146		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 _____	
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	
NAME	9001 SW 56TH COURT	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33156		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: _____		Date: 2/16/05 (305) 663-6665	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



02142005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2660299 Applied For Not Applicable

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

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