


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
May 01, 2006 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
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04272006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2660299	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  
BERRIN, ROBERT G.  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33146

**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 \_\_\_\_\_ 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

DOCUMENT #	BERRIN, ROBERT G.
NAME	4601 PONCE DE LEON BLVD. #300
STREET ADDRESS	CORAL GABLES, FL 33146
CITY - ST - ZIP	
DOCUMENT #	BERRIN, RAY
NAME	9001 SW 56TH COURT
STREET ADDRESS	MIAMI, FL 33156
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000554712  
05/16/06-80004-001 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:  4-27-06 (305) 663-6633.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #