2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

FILED Jul 19, 2004 08:00 AM --- Secretary of State

DOCUI	MENT # A23786			THE	- Secret	ary of Sta	te
1. Entity Nam							
Principal Place of Business Mailing Address			 -	1		· · <u>-</u>	
COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210		COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004 Chg-LP	CR2E003 (10/03)	}	
City & State		City & State		4. FEI Number 63-0925217		pplied For lot Applicable	
Z ip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered Agent	
CTCOPP	OBATION SVSTEM	2 m.	•	Name			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)	X
				City		FL Zo Co	de
n The June	named entity submits this statement to			1 50			
	ions of registered agent.	ir the purpose of changing	us register	ed affice of register	ed agent, or bont, in the state of Fic	inga, tam amiliai wilii	, and accept
SIGNATURE	Signature, typed or printed name of registered egent	and title if applicable				DATE	
9. Capital Co as Shown		10. Amount of Ce in FLORIDA to		ibutions			
					TERED AND ACTIVE WITH TH		
12.	GENERAL PARTNE		13		ADDRESS CHA	<u> </u>	
DOCUMENT 4	P12314			TEET ADORESS			
NAME	COLLAT, INC.		3"	ICCT ADDITIESS		110700	
STREET ADDRESS CITY-ST-ZIP	1900 CRESTWOOD BLVD. BIRMINGHAM, AL		- C/T	Y-ST-ZIP	87/2 8/84 -)167535 -80009-002 9	26.25
BOCUMENT # NAME.			518	LEET ADDRESS	·····		
STREET ADDRESS CITY-ST-ZIP			car	Y - ST - ZIP			
Bocument # Name			STR	REET ADDRESS			
STREET ADDRESS CATY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Cit.	Y - ST - ZIP			
DOCUMENT # NAME		_	STE	REET ADDRESS			
STREET ADDRESS CATY-ST-74P		<u> </u>	CH	Y-ST-ZIP			·
DOCUMENT # NAME			SIF	KEET ADDRESS			
STREET ADDRESS CATY-ST-ZAP			CST	415-12-Y			
DOCUMENT #			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		· •	-
14. I hereby of indicated the receiver	tertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	this filing does not qualify that my signature shall ha is report as required by Ct	for the exc we the sam papter 620,	embtion stated in Se ne legal effect as if r Florida Statutes	ection 119.07(3)(i). Florida Statules. I nade under oath, that I am a Genera	Turther certify that the I Partner of the limited	intormation partnership or