

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

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A23786**

1. Entity Name  
**COLLATERAL HOLDINGS, LTD.**



Principal Place of Business  
**COLLATERAL MORTGAGE, LTD./LICENSING**  
**1900 CRESTWOOD BLVD.**  
**BIRMINGHAM, AL 35210**

Mailing Address  
**COLLATERAL MORTGAGE, LTD./LICENSING**  
**1900 CRESTWOOD BLVD.**  
**BIRMINGHAM, AL 35210**

**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**63-0925217**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number Not Acceptable)

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**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 # **P12314**  
NAME **COLLAT, INC.**  
STREET ADDRESS **1900 CRESTWOOD BLVD.**  
CITY-ST-ZIP **BIRMINGHAM, AL**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

U00000564395  
05/20/06-80061-014-508.75  
U00000558614  
05/18/06-80002-000-500.00

**DO NOT WRITE**  
**IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE