CR2E003 (10/02)

2003 LIMITED PARTNERSHIP

UN	IFORM	M BUSINE	SS REI	PORT (UBR)	· f	
DOCUMENT # A23786 1. Entity Name COLLATERAL MORTGAGE, LTD.						FILED 03 APR 28 AMII: 01	
Principal Place of Business COLLATERAL MORTGAGE. LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM AL 35210 2. Principal Place of Business			Mailing Address COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM AL 35210 3. Mailing Address			U3 APR 20 AITH	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
						DUE BY MAY 1, 2003	
City & State			City & State			4. FEI Number 63-0925217	Applied For Not Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered	d Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)		
					City	ity FL Zip Code	
	named entity s tions of register		the purpose of ch	anging its register	red office or regist	tered agent, or both, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE	Signature, typed or	printed name of registered agent a	nd title if applicable.			DATE	
9. Capital Contributions as Shown on record. \$300,000.00 10. Amount of Capital in FLORIDA to date				RIDA to date.		SEE REVERSE SIDE F	E TO FL. DEPT, OF STATE OR FEE INFORMATION
	A GE NOTE: (ENERAL PARTNER T General Partners MA	HAT IS A BUSIN Y NOT be chang	IESS ENTITY N jed on the forn	/IUST BE REGI n; an amendme	STERED AND ACTIVE WITH THIS OFFICE ent must be filed to change a general part of the property of the control of	CE. artner.
12. GENERAL PARTNER INFORMATION DOCUMENT # P12314				13.		ADDRESS CHANGES ONLY	
Document # Name	COLLAT, INC. 1900 CRESTWOOD BLVD.			STR	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	CITY-ST-ZIP		
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DOCUMENT #				STR	EET AODRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	r-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

Color Trustee Exposed General Paitner

SIGNATURE:

Date

Davtime Phone #