

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 AM 9:10

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1. Name of Limited Partnership	1a. DOCUMENT # A96000000433
COLLINS FAMILY INVESTMENT COMPANY, LTD.	

Mailing Address 104 RESERVE CIRCLE, UNIT 108 OVIEDO FL 32765	Principal Office Address 104 RESERVE CIRCLE, UNIT 108 OVIEDO FL 32765	3. Date Formed or Registered 03/01/1996	5a. Capital Contributions as Shown on record. \$404,591.00
		3a. Date of Last Report	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date 404,591.00
2. Mailing Address 16 COTHAM ROAD SUITE 277 KEW VIC 3101 AUSTRALIA	2a. Principal Office Address 16 COTHAM ROAD SUITE 277 KEW VIC 3101 AUSTRALIA	6. FEI Number 59-3367824	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent COLLINS FAMILY HOLDINGS, INC. 104 RESERVE CIRCLE, UNIT 108 OVIEDO FL 32765	10. If changed, new Registered Agent/Office Name COLLINS FAMILY HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 919 W. Highway 436 Suite, Apt. #, etc. Suite 300 City ALTAMONTE SPRINGS FL Zip Code 32714
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) **DAMIAN COLLINS** DATE **12/23/96**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) COLLINS FAMILY HOLDINGS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 104 RESERVE CIRCLE, # 16 COTHAM ROAD SUITE 277	11b. City, State & Zip Code OVIEDO FL 32765 KEW, VIC 3101 AUSTRALIA	11c. Registration/Document Number P98000019574
400002049214--2 -01/07/97--01152--008 ****576.25 ****576.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **DAMIAN COLLINS** DATE **12/23/96**

Typed or Printed Name of General Partner Signing Form **DAMIAN COLLINS** Daytime Telephone Number **011-61-39-870-2395**

CR2E003 (6/96)