


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001729	
1. Entity Name COLONIAL & METRO, LTD.	


Principal Place of Business 705 EAST OAK STREET, SUITE E KISSIMMEE, FL 32744	Mailing Address 204 E. 17TH STREET, SUITE 202 COSTA MESA, CA 92627
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2. Principal Place of Business 837 North Garland Avenue		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32801	Country USA	Zip	Country

FILED

04 FEB -2 AM 9:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3462362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DECUBELLIS & MEEKS PROFESSIONAL ASSOC. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000069115	STREET ADDRESS	837 North Garland Avenue
NAME	METRO PARKWAY LEE COUNTY, INC.	CITY-ST-ZIP	Orlando, FL 32801
STREET ADDRESS	705 EAST OAK STREET, SUITE E		
CITY-ST-ZIP	KISSIMMEE, FL 32744		
DOCUMENT #		STREET ADDRESS	600028011026
NAME		CITY-ST-ZIP	02/02/04--01053--015 **14L25
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DOCUMENT #		STREET ADDRESS	M THOMAS
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-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

SIGNATURE: Steven L. Gumpert Steven L. Gumpert 1-26-04 (949) 764-2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE