


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
May 04, 2004 08:00 AM  
Secretary of State**

DOCUMENT # A99000000874					
1. Entity Name COLSON INVESTMENTS, LTD.					
Principal Place of Business 181 CARICA ROAD NAPLES, FL 34108			Mailing Address 181 CARICA ROAD NAPLES, FL 34108		
Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2769324	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HECKER, SUSAN BARRETT WILLIAMS, PARKER, HARRISON, DIETZ 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$2,100,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	199000001129		STREET ADDRESS		
NAME	COLSON INVESTMENTS LLC		CITY-ST-ZIP		
STREET ADDRESS	181 CARICA ROAD				
CITY-ST-ZIP	NAPLES, FL 34108				
DOCUMENT #			STREET ADDRESS		
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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: <u>Myraiah Colson Slaughter</u> by MYRAIAH COLSON SCLAUGHTER, as manager 4-29-04 (239) 591-0303					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



04292004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2769324 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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05/10/04-80018-002 526.25

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