


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

05 MAY -1 AM 9:42
STATE CLERK
TALLAHASSEE FLORIDA

DOCUMENT # A05000000705							
1. Entity Name COW BONE SLOUGH, LLLP F/K/A Collier LB							
Principal Place of Business 3001 TAMIAMI TRAIL NORTH, STE 207 NAPLES, FL 34103			Mailing Address 3001 TAMIAMI TRAIL NORTH, STE 207 NAPLES, FL 34103				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0271002			
				Applied For 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				
PERKOVICH, JOSEPH I THE COLLIER FAMILY OFFICE 3001 TAMIAMI TRAIL NORTH, STE 207 NAPLES, FL 34103			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>							
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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P98000047706		STREET ADDRESS				
NAME	MCC MANAGEMENT OF NAPLES, INC.		CITY - ST - ZIP				
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, STE 207						
CITY - ST - ZIP	NAPLES, FL 34103						
DOCUMENT #	P02000081452		STREET ADDRESS	200074624582 05/15/06 - 01048 - 006 - **500.00			
NAME	BGC II MANAGEMENT OF NAPLES, INC.		CITY - ST - ZIP				
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, STE 207						
CITY - ST - ZIP	NAPLES, FL 34103						
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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 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: <u>Joseph I Perkolov</u>			Date: <u>4/24/06</u>		Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE