


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # A19049 1. Entity Name THE COLLIER FUND, L.P.	
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Principal Place of Business C/O PRIVATE CAPITAL MANAGEMENT, L.P. 8889 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 34108-7512	Mailing Address C/O PRIVATE CAPITAL MANAGEMENT, L.P. 8889 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 34108-7512
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07122006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2541674	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 JOYCE, DAVID G 8889 PELICAN BAY BLVD. SUITE 500 NAPLES, FL 34108-7512	DO NOT WRITE IN THIS SPACE
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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

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	
DOCUMENT #	B01000000010
NAME	PRIVATE CAPITAL MANAGEMENT, L.P.
STREET ADDRESS	8889 PELICAN BAY BLVD., SUITE 500
CITY- ST- ZIP	NAPLES, FL 341087512
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
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CITY- ST- ZIP	

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07/19/06-B00006-005 500.00

DO NOT WRITE IN THIS SPACE

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:  **7-12-06** **239-254-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE