


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # A19949 1. Entity Name THE COLLIER FUND, LTD.	
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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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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LP CR2E003 (12/06)

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

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
After May 1, 2007, 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	
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	
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U000000718457
05/01/07-80023-012 500.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/10/07 239254-2522