

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN 18 AM 9:02

DOCUMENT # A19949 1. Entity Name THE COLLIER FUND, LTD.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JOYCE, DAVID G 8889 PELICAN BAY BLVD. SUITE 500 NAPLES, FL 34108-7512				7. Name and Address of New Registered Agent Name: <u>CHAD ATKINS</u> Street Address (P.O. Box Number is Not Acceptable): <u>8889 PELICAN BAY BLVD.</u> <u>SUITE 500</u> City: <u>NAPLES</u> FL Zip Code: <u>34108</u>	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008				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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B01000000010		STREET ADDRESS		
NAME	PRIVATE CAPITAL MANAGEMENT, L.P.		CITY-ST-ZIP		
STREET ADDRESS	8889 PELICAN BAY BLVD., SUITE 500				
CITY-ST-ZIP	NAPLES, FL 341087512				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			600131359536 06/16/09--01041--012 **\$500.00		
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DOCUMENT #			STREET ADDRESS		
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 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

STAPLE CHECK HERE