

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A19949

Entity Name: THE COLLIER FUND, LTD.

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

C/O PRIVATE CAPITAL MANAGEMENT, L.P.  
8889 PELICAN BAY BLVD., SUITE 500  
NAPLES, FL 341087512

## **New Principal Place of Business:**

C/O PRIVATE CAPITAL MANAGEMENT, L.P.  
8889 PELICAN BAY BLVD., SUITE 500  
NAPLES, FL 34108

## **Current Mailing Address:**

C/O PRIVATE CAPITAL MANAGEMENT, L.P.  
8889 PELICAN BAY BLVD., SUITE 500  
NAPLES, FL 341087512

## **New Mailing Address:**

C/O PRIVATE CAPITAL MANAGEMENT, L.P.  
8889 PELICAN BAY BLVD., SUITE 500  
NAPLES, FL 34108

FEI Number: 59-2541674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ATKINS, CHAD  
8889 PELICAN BAY BLVD. SUITE 500  
NAPLES, FL 34108 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **GENERAL PARTNER INFORMATION:**

Document #: B01000000010  
Name: PRIVATE CAPITAL MANAGEMENT, L.P.  
Address: 8889 PELICAN BAY BLVD., SUITE 500  
City-St-Zip: NAPLES, FL 341087512

## **ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD ATKINS

CAO

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date