


**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

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|---|--|---|--|---|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 APR -1 AM 9:40</p> | |
| 1. Name of Limited Partnership COLLIER PLACE II, LTD. | | 1a. DOCUMENT # A30255 | | | |
| Mailing Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940 | | Principal Office Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940 | | 3. Date Formed or Registered 06/25/1990 3a. Date of Last Report 05/09/1997 4. State or Country of Formation FL | |
| 2. Mailing Address 3003 TAMiami TRAIL NORTH Suite, Apt. #, etc. SUITE #400 City & State NAPLES FL Zip 34103 | | 2a. Principal Office Address 3003 TAMiami TRAIL NORTH Suite, Apt. #, etc. SUITE #400 City & State NAPLES FL Zip 34103 | | 5a. Capital Contributions as Shown on record. \$10,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$2,138,487.00 6. FEI Number 65-0201849 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | |



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| 9. Name and Address of Current Registered Agent COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH NAPLES FL 33940 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3003 TAMiami TRAIL NORTH Suite, Apt. #, etc. SUITE #400 City NAPLES |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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| 11. Name(s) of General Partner(s) COLLIER MANAGEMENT SERVICES, | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3003 TAMiami TRAIL NO | 11b. City, State & Zip Code NAPLES FL | 11c. Registration/Document Number L56855 |
|--|---|---|--|

Handwritten signature and initials
4-3

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Terry L. Flora* DATE **3/2/98**

CR2E003 (12/97)