

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR - 1 PM 12: 27



1. Name of Limited Partnership <b>COLLIER HORSESHOE DRIVE II, LTD.</b>		1a. DOCUMENT # <b>A30262</b>	
2. Mailing Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940		2a. Principal Office Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940	
3. Date Formed or Registered 06/25/1990		5a. Capital Contributions as of 4-1-98 10,000,000.00	
3a. Date of Last Report 04/10/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$3,991,106.00	
4. State or Country of Formation FL		6. FEI Number 65-0201909	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
7. \$8.75 Additional Fee Required			

9. Name and Address of Current Registered Agent <b>COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH ATTN: TERRY FLORA NAPLES FL 33940</b>		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	
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.		2000002475482-0 -04/01/98-01068-010 ***263.12	
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.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
COLLIER MGMT. SERV. INC.	3003 TAMiami TRAIL NO	NAPLES FL	L58855
		2000002475482-0 -04/01/98-01068-010 ***263.12	***263.12

**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 3/20/98

CR2E003 (12/97)