

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

60 JAN -5 PM 4:30

SECRETARY OF STATE  
DIVISION OF CORPORATIONS



1. Name of Limited Partnership <b>COLLIER PLACE I, LTD.</b>		1a. DOCUMENT # <b>A30265</b>	
Mailing Address <b>3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 33940-34103</b>		Principal Office Address <b>3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 33940-34103</b>	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>34103</b> Country		Zip <b>34103</b> Country	

3. Date Formed or Registered <b>06/25/1990</b>	5a. Capital Contributions as Shown on record <b>\$10,000,000.00</b>
3a. Date of Last Report <b>04/01/1998</b>	5b. Amount of Capital Contributions in FL ORIDA to date <b>\$ 4,762,766.00</b>
4. State or Country of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number <b>65-0201838</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH, SUITE 400 ATTN: TERRY FLORA NAPLES FL-33940 34103</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL 34103</b>	
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.**

11. Name(s) of General Partner(s) <b>COLLIER MGMT SERVICES</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>3003 TAMiami TRAIL NO</b>	11b. City, State & Zip Code <b>NAPLES FL</b>	11c. Registration Document Number <b>L56855</b>
<b>3000002756453-1</b> <b>01/27/93-01053-018</b> <b>****526.25 ****526.25</b> <b>7.111</b> <b>1441</b> <b>5.1025</b>			

**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, V.P.*  
**Terry L. Flora**

DATE

**12/30/98**

Daytime Telephone Number

**941-261-4455**