

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30265**

1. Entity Name  
**COLLIER PLACE I, LTD.**



Principal Place of Business  
**3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103**

Mailing Address  
**3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0201838**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORINA, ROBERT D  
3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**4,762,766**

**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 # **L56855**  
NAME **COLLIER MGMT SERVICES**  
STREET ADDRESS **3003 TAMiami TRAIL NORTH, SUITE 400**  
CITY-ST-ZIP **NAPLES, FL 34103**

STREET ADDRESS

CITY-ST-ZIP

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**000000314204**  
**04/18/05-80158-001 526.25**

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Robert D. Corina*

**Robert D. Corina** **MAR 28 2005** (239) 261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE