

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # A33352

1. Entity Name
COLLIER HEALTH PARK, 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**



01162007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0349011

Applied For
Not Applicable

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

**Taft, ELEANOR W
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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 MANAGEMENT SERVICES, INC.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

STREET ADDRESS

CITY-ST-ZIP

U00000728494

05/07/07-80019-014 500.00

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Eleanor W. Taft

2/1/07

(239) 261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE