

**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 -3 AM 8:56

1. Name of Limited Partnership
COLLIER'S RESERVE, LTD.

1a. DOCUMENT #
A92000000108



Mailing Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940		Principal Office Address 3003 TAMiami TRAIL NORTH NAPLES FL 33940		3. Date Formed or Registered 12/03/1992	5a. Capital Contributions as Shown on record. \$20,000,000.00
2. Mailing Address 3003 TAMiami TRAIL NORTH		2a. Principal Office Address 3003 TAMiami TRAIL NORTH		3a. Date of Last Report 04/10/1997	
Suite, Apt. #, etc. SUITE #400		Suite, Apt. #, etc. SUITE #400		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. \$9,447,205.00
City & State NAPLES FL		City & State NAPLES FL		6. FEI Number 65-0372191	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34103	Country US	Zip 34103	Country US	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)					

9. Name and Address of Current Registered Agent COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH ATTN: TERRY FLORA 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		Zip Code FL 34103

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) _____

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 MANAGEMENT SERVICES,	3003 TAMiami TRAIL NO	NAPLES FL 33940	L56855

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

Typed or Printed Name of General Partner Signing Form TERRY L. FLORA, V.P. Daytime Telephone Number 941/261-4455

CR2E003 (12/97)