

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
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FILED
99 JAN -5 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A92000000108
COLLIER'S RESERVE, LTD.	



Mailing Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 33940- 3403	Principal Office Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 33940- 3403	3. Date Formed or Registered 12/03/1992	5a. Capital Contributions as Shown on record. \$20,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/03/1998	5b. Amount of Capital Contributions in FLORIDA to date: 9,447,205.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0372191 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip 34103 Country	Zip 34103 Country		

9. Name and Address of Current Registered Agent COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH, SUITE 400 ATTN: TERRY FLORA NAPLES FL-33940- 34103	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 34103
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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) COLLIER MANAGEMENT SERVICES,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3003 TAMiami TRAIL NO	11b. City, State & Zip Code NAPLES FL 33940	11c. Registration/ Document Number L56855
600002755596--4 -01/26/99--01095--018 ***526.25 ***526.25 T.J.C. JAN - 5 1999			

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. DATE 12/30/98
 Typed or Printed Name of General Partner Signing Form Terry L. Flora Daytime Telephone Number 941-261-4455

CR2E003 (8/98)