

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM

DOCUMENT # A92000000108

1. Entity Name
COLLIER'S RESERVE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 34103	Mailing Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 34103-2714
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0372191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIER MANAGEMENT SERVICES, INC.
3003 TAMiami TRAIL NORTH, SUITE 400
ATTN: TERRY FLORA
NAPLES FL 34103

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$9,447,205.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L56855 COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH NAPLES FL 33940
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	3003 Tamiami Trail N., Ste 400 Naples, FL 34103
STREET ADDRESS CITY - ST - ZIP	7000002267047-8 -05/25/00--01084--013 ***526.25 ***526.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
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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: Collier Management Services, Inc., G.P.
Terry L. Florida 4/20/00 941-261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)