

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A92000000108

1. Entity Name
COLLIER'S RESERVE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 23 PM 1:21
WY/29

Principal Place of Business Mailing Address

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0372191** Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$20,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **811,538,720.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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, SUITE 400 NAPLES FL 33940
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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

Collier Management Services, Inc.

SIGNATURE: *Terry L. Flora, UP* Date *4/18/02* Daytime Phone # *941/261-4455*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)