


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # A9200000108

1. Entity Name
COLLIER'S RESERVE, 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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

04272004 Chg-LP CR2E003 (10/03)

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

**CORINA, ROBERT D
3003 TAMiami TRAIL NORTH, SUITE 400
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. I am familiar with, and accept the obligations of registered agent.

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. **\$12,143,868.00**

**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	
DOCUMENT #	L56855
NAME	COLLIER MANAGEMENT SERVICES, INC.
STREET ADDRESS	3003 TAMiami TRAIL NORTH, SUITE 400
CITY - ST - ZIP	NAPLES, FL 34103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000160856
CITY - ST - ZIP	05/18/04-80003-010 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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)(f), 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: *Robert D. Corina* **ROBERT D. CORINA** 4/30/04 239-261-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE