


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # A92000000108

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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip Country Zip Country



01162007 Chg-LP CR2E003 (12/06)

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

Taft, Eleanor W
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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 | 000000726492 |
| CITY-ST-ZIP | 05/07/07-80019-012 500.00 |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Eleanor W. Taft** **2/1/07** (239) 261-4455

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