
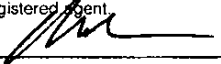
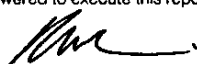


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

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 #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0372191			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TAFT, ELEANOR W 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103			Name CORINA, ROBERT D.				
			Street Address (P.O. Box Number is Not Acceptable) 3003 TAMiami TRAIL NORTH, STE 400				
			City NAPLES			FL	Zip Code 34103
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 			Robert D. Corina		DATE 4-11-08		
Signature, typed or printed name of registered agent and title if applicable.							
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	L56855	STREET ADDRESS		05/07/08--01011--019 **500.00			
NAME	COLLIER MANAGEMENT SERVICES, INC.	CITY-ST-ZIP					
STREET ADDRESS	3003 TAMiami TRAIL NORTH, SUITE 400	STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS					
NAME		CITY-ST-ZIP					
STREET ADDRESS		STREET ADDRESS					
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NAME		CITY-ST-ZIP					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: 			Robert D. Corina		DATE 4-11-08 (239) 261-4455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					Daytime Phone #		

STAPLE CHECK HERE