

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004824 AV

**DOCUMENT # A92000000108**



1. Entity Name  
**COLLIER'S RESERVE, LTD.**

FILED

2003 MAY -6 AM 10:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 34103</b>	Mailing Address <b>3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 34103</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number <b>65-0372191</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name **CORINA, ROBERT D**  
Street Address (P.O. Box Number is Not Acceptable)  
**3003 TAMiami TRAIL N, 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** 2/25/03  
Signature, typed or printed name of registered agent and title if applicable. DATE

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

10. Amount of Capital Contributions in FLORIDA to date. **\$12,078,120**

11. MAKE CHECK PAYABLE TO FL. 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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	<b>L56855</b>
NAME	<b>COLLIER MANAGEMENT SERVICES, INC.</b>
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH, SUITE 400</b>
CITY-ST-ZIP	<b>NAPLES FL 33940</b>

STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34103</b>

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STREET ADDRESS	<b>400018301044</b>
CITY-ST-ZIP	<b>05/06/03--01078--033 **526.25</b>

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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

SIGNATURE: **Robert D. Corina** 2/25/03 239-261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE