

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 18 AM 9:57



1. Name of Limited Partnership

1a. DOCUMENT #
A95000002010

BARRON COLLIER INVESTMENTS, LTD.

Mailing Address 2600 GOLDEN GATE PARKWAY STE. 200 NAPLES FL 33942	Principal Office Address 2600 GOLDEN GATE PARKWAY STE. 200 NAPLES FL 33942	3. Date Formed or Registered 12/22/1995	5a. Capital Contributions as Shown on record. \$14,170,800.00
2. Mailing Address P.O. Box 413038	2a. Principal Office Address	3a. Date of Last Report 02/05/1996	5b. Amount of Capital Contributions in FLORIDA to date: 9,149,926
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0630512 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State Naples, FL	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip 34101	Zip 34105		

9. Name and Address of Current Registered Agent COLLIER, BARRON III 2600 GOLDEN GATE PARKWAY SUITE 200 NAPLES FL 33942-3200	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 34105
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
COLLIER, BARRON III	2600 GOLDEN GATE PARK	NAPLES FL 33942	
LYNTON, HAROLD S TRUSTEE	2600 GOLDEN GATE PARK	NAPLES FL 33942	
SPOUL, KATHERINE G TRUSTEE	2600 GOLDEN GATE PARK	NAPLES FL 33942	000002120770--9 -03/21/97--01087--014 ****541.25 ****541.25
SPOUL, JULIET C TRUSTEE	2600 GOLDEN GATE PARK	NAPLES FL 33942	
COLLIER, MARGUERITE R	2600 GOLDEN GATE PARK	NAPLES FL 33942	
GABLE, LAMAR	2600 GOLDEN GATE PARK	NAPLES FL 33942	KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Barron Collier III DATE 2-26-97

Typed or Printed Name of General Partner Signing Form BARRON COLLIER III Daytime Telephone Number 941-262-2600

CR2E003 (1/1/96)