2001 UNIFORM BUSINESS REPORT (DOCUMENT # A9500002010 1. Entity Name					May 01, 2001 08:00 AM		
•	e COLLIER INVESTMENTS, 1	LTD.			Secretary	of State	
Principal Place	e of Business	Mailing Address			_		
•	GATE PARKWAY	P.O. BOX 413038					
STE. 200							
NAPLES 34105	FL	NAPLES 34101		FL			
2. Principal P	ace of Business	3. Mailing Address					
Suite, Apt.	GATE PARKWAY #, etc.	P.O. BOX 413038 Suite, Apt. #, etc.			DO NOT WE	THIS SPACE	 I
City & State		City & State	· · ·		4. FEI Number	<u> </u>	Applied For
NAPLES	FL	NAPLES		FL	65-0630512	İ	Not Applicable
Zip 34105	Country	Zip 341013038	Coun	try	5. Certificate of Status Desired		5 Additional equired
	6. Name and Address of Cur	rrent Registered Agent			7. Name and Address of New	Registered Agent	
MARINELL 2600 GOLD	I PAUL J EN GATE PARKWAY			Name MARINELLI PAUL J Street Address (P.O. Box Number is Not Acceptable) 2600 GOLDEN GATE PARKWAY			
SUITE 200 NAPLES		FL		ZOUU GOLDEN	GATE PARKWAY		
34105	us	FL		City			p Code
<u> </u>			- itail-t	NAPLES	ered agent, or both, in the State of F	- 1 34	105
ಶ. The above	named entity submits this stateme	ent for the purpose of changin	g its registere	sa onice or regist	ereu agent, or both, in the state of r		
SIGNATURE	named entity submits this stateme	-		d Agent signature requi		05/01/200 DATE	1
SIGNATURE _	Signature, typed or printed name of registered natributions on record. 40,000,000.00	egent and title if applicable. 10. Amount of C in FLORIDA	(NOTE: Registered Capital Contrib to date. 9,0	d Agent signature requi outions 524,257.00	red when reinstating) 11 MAKE CH	05/01/200 DATE ECK PAYABLE TO D RSE SIDE FOR FEE	EPT. OF STATE
SIGNATURE _	Signature, typed or printed name of registered ntributions on record. 40,000,000.00 A GENERAL PARTN	agent and title if applicable. 10. Amount of C in FLORIDA ER THAT IS A BUSINESS	(NOTE: Registered Capital Contrib to date 9,0	d Agent signature requi outions 524,257.00 UST BE REGIS	red when reinstating) 71. MAKE CH SEE REVE	05/01/200 DATE ECK PAYABLE TO D RSE SIDE FOR FEE	EPT. OF STATE
SIGNATURE _	Signature, typed or printed name of registered name	agent and title if applicable. 10. Amount of C in FLORIDA ER THAT IS A BUSINESS	(NOTE: Registered Capital Contrib to date 9,0	d Agent signature requi outions 524,257.00 UST BE REGIS	red when reinstating) 71. MAKE CH SEE REVE STERED AND ACTIVE WITH THE	05/01/200 DATE ECK PAYABLE TO D RSE SIDE FOR FEE	EPT. OF STATE
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05/01/2001 Date

Daytime Phone #

 \mathbf{GP}

SIGNATURE: JULIET C SPROUL SIGNING GENERAL PARTNER