<del>- 2</del> 000	UNIFORM B	USINESS REI	PORT (U	BR)	_		
DOCUMENT # A9700002407  1. Entity Name  COLLIER INVESTMENTS, LTD.					SPOSS FILED		
					OF CORPORATIONS		
Principal Place of Business 1 Mailing Address 3003 TAMIAMI TRAIL NORTH, SUITE 400 3003 TAMIAMI TRAIL NORTH NAPLES FL 34103 NAPLES FL 34103-2714				00	OO MAY -4 AMII:	<b>26</b>	
-		VIII					
2. Principal Place of Business 3. Mailing Address			<u>-</u>		1 (40) 10 (1) (10) (10) (10) (10) (10) (10)	30))0 1(9); 0)011 <b>34</b> )(1 1891 (94)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number 59-3481739	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				ame Co	7. Name and Address of New Registered Agent		
PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., SUITE 4874 MIAMI FL 33131-2398					orporation Services Compa (PO Box Number is Not Acceptable) 201 Hays Street		
			Ci	ty Ta	allahassee, FL	Zip C32301	
8. The above	Sevello (	ement for the purpose of changir		tte Cole		121/2000	
9. Capital Contributions as Shown on record.  \$500,000.00  10. Amount of Capital in FLORIDA to date			Capital Contribution		11. MAKE CHECK PAYABLE		
	A GENERAL PAR NOTE: General Partn	TNER THAT IS A BUSINESS ers MAY NOT be changed o	S ENTITY MUST	BE REGIS	TERED AND ACTIVE WITH THIS OFFICE of must be filed to change a general part of the must be filed to change a gener	E. rtner.	
12. GENERAL PARTNER INFORMATION			13		ADDRESS CHANGES ONLY		
DOCUMENT# NAME	COLLIER INVESTMENTS, INC.		STREET ADO	DRESS	1000032516113		
STREET ADDRESS CITY-ST-ZIP	NAME OF STREET		CITY-ST-Z	P	-05/15/0001004002 ****526.25 ****526.25		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	np			
DOCUMENT#							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #