


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002407 1. Entity Name COLLIER INVESTMENTS, LTD.	
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Principal Place of Business 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103	Mailing Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103
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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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01292004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3481739	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNOR, JOHN D 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$75,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000094850	STREET ADDRESS	
NAME	COLLIER INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	3003 TAMiami TRAIL NORTH, SUITE 400		
CITY - ST - ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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05/10/04-80033-017 526.25

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: John D. O'Connor **JOHN D. O'CONNOR** 4/28/04 (239) 261-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE