HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

		- 		45 - A
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED	
1. Name of Limited Partnership	1a. DOCUMENT # A98000002569		99 JAN -4 AMII: 36 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
COLLIER CITRUS GROVES, LTD.	.=	general de la companya de la company		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3003 Tamiami Trail North Ame Suite 400 Naples, FL 34103		11/17/98 3a. Date of Last Report	\$100,000,000.00	
 	,, _,	<u> </u>	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2- Mailing Address	2a. Principal Office Address			
Suite, Apt. #. etc.	Suite, Apt. #, etc.	<u> </u>	Florida 6 FEI Number	\$10,353,344.00
City & State	City & State		65-0881570	Applied For Not Applicable
			7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept. of	f State (See reverse side for fee information)
	÷			
9. Name and Address of Current R	egistered Agent	Name	10. If changed, new Registere	d Agent/Office
Thomas J. Flood		Terry	L. Flora	
3003 Tamiami Trail North			Box Number is Not Acceptable) Tamiami Trail North	
Suite 400 Naples, FL 34103 Suite Apt. #, etc. Suite City Naples				
			Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6	270 100 Starfel Statutes the share some	Naples		FL 34103
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	gistered agent, or both, in the State of Flori			
SIGNATURE (Registered Agent Accepting Appointment)	() my 2- 11		DATE	12/30/98
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)	Address of Each General Address of Each General (Do NOT Use Post Office Box	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
COLLIER MANAGEMENT SERVICES			aples, FL 34103	L56855
Note: General partners MAY NOT b	pe changed on this form	; an amendm	ent must be filed to cha	ange 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	on stated in Section 119.07(3)(k), Florida	Statutes. I release the Division of
Consorations from any liability of non-compliance with Se this annual report is true and accurate and that my signa empowered to execute this report as required by chapte	ature shall have the same legal effects as it	ormation supplied is de made under oath. I fur	emed exempt from public access. I furthe ther certify that I am a General Partner of	er cerury that the information indicated on the limited partnership, receiver or trustee
SIGNATURE Ten	4 71- V	P.	DATE	12/30/98
	Terry L. Flora	·		941-261-4455
Typed or Printed Name of General Partner Signing Form			Dayume Telephone Number	