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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

99 JAN -5 AM 8:28

1. Name of Limited Partnership

COLLIER CITRUS INVESTORS, LTD.

1a. DOCUMENT # A98000002665

Mailing Address

3003 Tamiami Trail North
Suite 400
Naples, FL 34103

Principal Office Address

same

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered
12/3/98

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record
$15,000,000.00

5b. Amount of Capital Contributions in FLORIDA to Date
$4,193,108.00

6. FEI Number
65-0881571
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make Check payable to Dept. of State (Do not send cash for your convenience)

9. Name and Address of Current Registered Agent

Terry L. Flora
3003 Tamiami Trail North
Suite 400
Naples, FL 34103

10. If changing the Registered Agent/Office

Name

Street Address (P.O. Box Number is N/A acceptable)

Suite, Apt. #, etc.

City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1061 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 Number(s))	**11b.** City, State & Zip Code	**11c.** Registration or Document Number
Gopher Ridge Groves, Inc.	3003 Tamiami Trail N Suite 400	Naples, FL 34103	J18766

01/29/99--01058--005
****526.25 ****526.25

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 Terry L. Flora VP DATE 12/30/98

Typed or Printed Name of General Partner Signing Form: Terry L. Flora

Daytime Telephone Number: 941-261-4455

CR2E003 (9/98)