2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002832

1. Entity Name
COLLIER ENTERPRISES, LTD.

Principal Place of Business
3003 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103

Mailing Address
3003 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103

04272004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
Suite, Apt # etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1683870 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CORINA, ROBERT 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

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. $10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. $10,000,000.00

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 #	P97000104992	STREET ADDRESS	
NAME	COLLIER ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH, SUITE 400		
CITY-ST-ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	U000000160860
NAME		CITY-ST-ZIP	05/18/04-80003-012 526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ ROBERT D. CORINA 4/30/04 239-261-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #