


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002832**  
 1. Entity Name  
**COLLIER LAND HOLDINGS, 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**

2. Principal Place of Business

Suite, Apt. #, etc. —

City & State —

Zip Country

3. Mailing Address

Suite, Apt. #, etc. —

City & State

Zip Country



03252005 Chg-LP CR2E003 (10/03)

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**  
 NAME **COLLIER ENTERPRISES, INC.**  
 STREET ADDRESS **3003 TAMiami TRAIL NORTH, SUITE 400**  
 CITY-ST-ZIP **NAPLES, FL 34103**

STREET ADDRESS  
 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **MAR 28 2005 (239) 261-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE