


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
06 MAY -1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA



02162006	Chg-LP	CR2E003 (11/05)
4. FEI Number 59-1683870	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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
DOCUMENT # P97000104992
NAME COLLIER ENTERPRISES, INC.
STREET ADDRESS 3003 TAMiami TRAIL NORTH, SUITE 400
CITY-ST-ZIP NAPLES, FL 34103

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP
700074659777	05/16/06--01019--001 **500.00

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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STREET ADDRESS	CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **APR 10 2006** (239) 261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE