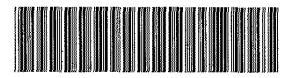
A980000002832

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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TALLAHASSEE. FLORIDA

COVER LETTER

FO: Registration Section Division of Corporations	
Collier Land Holdings, Ltd.	
SUBJECT: Collier Land Holdings, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership)	ership)
DOCUMENT NUMBER: A98000002832	
The enclosed Statement of Change of Registered Office and/or Regist fee(s) are submitted for filing.	ered Agent and
Please return all correspondence concerning this matter to:	
Sandra Mahoney (Contact Person)	2006 SEP 12 SECRETARY FALLAHASSE
Collier Enterprises Management, Inc.	iii –
(Firm/Company) 3003 Tamiami Trail North, Suite 400	P 3: 52 OF STATE OF LORIDA
(Address)	52 57
Naples, FL 34103	
(City, State and Zip Code)	
For further information concerning this matter, please call:	
Gail Kowatch at (239) 261	<u>-4455</u>
(Name of Contact Person) (Area Code and Daytim	e Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Collier I	Land Holdings, Lt	d.			
Na	me of Limited Partnership or Lim	ited Liability L	imited Partnership		
2 1/01/76		3A98000002832			
Date of filing/registration in Florida			Florida document number		
4. The name of the re Department of State:	gistered agent and the registered	office address a	s shown on the record	s of the I	Florida
	Robert D). Corina	ì		
	Nan	ne			
	3003 Tamiami Tr	ail North	1, Suite 400	₹	
	Addr	ess)EC	199
	Naples, F	L 3410	3	<u>A</u>	33
	City, State	and Zip		ASE SSE	SEP 12
5. The name and Flor	ida street address of the new regis	stered agent and	l/or office:	Ϋ́C	
	Eleanor	W. Taft			U
	Nam			SZ	لیا ص
	3003 Tamiami Tr	ail North	n. Suite 400		52
	Florida street address (P.0				
	Naples, F	L FI	34103		
	City, State	and Zip	·		
6. Such change(s) is/a	are effective when filed by the Flo	orida Departmer	nt of State.		
sunos 2.	Hand				
Signature of General F	Partner - Collier Ente	erprises	, Inc.		
I hereby accept the ap	By: Thomas a pointment as registered agent and	J. Flood dagree to act is	- President this capacity. I furth	: ier agree	to.
comply with the provis	sions of all statutes relative to the	proper and con	mplete performance of	my dutie	25,
and I am familiar with	an accept the obligations of my p	osition as regis	stered agent.		
	d'Agent			:.	
- //////	a vřen				
Filing Fee:	\$35.00				
Certified Copy (o	ptional): \$52.50				