

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 30 AM 11:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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



01152007 Chg-LP CR2E003 (12/06)

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

TAFTNA, ELEANOR W
 3003 TAMiami TRAIL NORTH, SUITE 400
 NAPLES, FL 34103

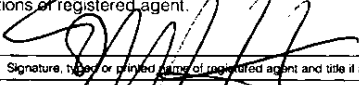
7. Name and Address of New Registered Agent

Name
 TAFT, ELEANOR W

Street Address (P.O. Box Number is Not Acceptable)
 3003 TAMiami TRAIL N., STE. 400

City
 NAPLES FL Zip Code
 34103

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.

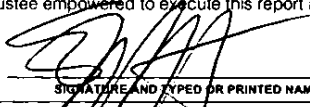
SIGNATURE  Eleanor W. Taft DATE 2/1/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		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	600102539086
NAME		CITY-ST-ZIP	05/15/07--01049--005 **500.00
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NAME		CITY-ST-ZIP	
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:  Eleanor W. Taft DATE 2/1/07 (239) 261-4455

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

STAPLE CHECK HERE