2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

CHECK HERE

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A98000002832 08 MAY -7 PM 1:51 COLLIER LAND HOLDINGS, LTD. Mailing Address Principal Place of Business 3003 TAMIAMI TRAIL NORTH, SUITE 400 3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103 NAPLES, FL 34103 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (12/06) 01292008 Chg-LP Applied For 4 FELNumber City & State City & State 59-1683870 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORINA, ROBERT D. TAFT, ELEANOR W ddress (P.O. Box Number is Not Acceptable) 003 TAMIAMI TRAIL NORTH, STE 400 3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103 City NAPLES 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 Robert D. Corina الان - 11 - كا SIGNATURE ed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P97000104992 DOCUMENT # STREET ADDRESS COLLIER ENTERPRISES, INC. NAMÉ 400128735154 05/07/08--01011--016 **500.00 STREET ADDRESS 3003 TAMIAMI TRAIL NORTH, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P 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 Robert D. Corina