

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 19 AM 8:53

**DOCUMENT # B03000000298**

1. Entity Name  
COLLINS CAPITAL LONG/SHORT EQUITY FUND I, LP



Principal Place of Business  
C/O COLLINS CAPITAL ADVISORS, INC.  
1450 MADRUGA AVENUE, STE. 400  
CORAL GABLES, FL 33146

Mailing Address  
C/O COLLINS CAPITAL ADVISORS, INC.  
1450 MADRUGA AVENUE, STE. 400  
CORAL GABLES, FL 33146

2. Principal Place of Business  
806 Douglas Road  
Suite, Apt. #, etc.  
Suite 570  
City & State  
CORAL GABLES, FL  
Zip  
33134 Country  
USA

3. Mailing Address  
806 Douglas Road  
Suite, Apt. #, etc.  
Suite 570  
City & State  
CORAL GABLES, FL  
Zip  
33134 Country  
USA



06092005 Chg-LP CR2E003 (10/03)

4. FEI Number  
47-0901757

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WEAVER, DOROTHY C  
1450 MADRUGA AVENUE, STE. 400  
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
806 Douglas Road  
Suite 570  
City  
CORAL GABLES FL Zip Code  
33134

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 Dorothy C Weaver DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	F02000004607	STREET ADDRESS	806 Douglas Road, Suite 570
NAME	COLLINS CAPITAL ADVISORS, INC.	CITY-ST-ZIP	CORAL GABLES, FL 33134
STREET ADDRESS	1450 MADRUGA AVENUE, STE. 400		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
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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)(l), 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: Dorothy C Weaver 6/14/05

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

STAPLE CHECK HERE