


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B03000000299 1. Entity Name COLLINS CAPITAL LOW VOLATILITY PERFORMANCE FUND II, LP	
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FILED

07 SEP -7 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 806 DOUGLAS ROAD SUITE 270 570 CORAL GABLES, FL 33134	Mailing Address 806 DOUGLAS ROAD SUITE 270 570 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. SUITE 570		Suite, Apt. #, etc. SUITE 570	
City & State		City & State	
Zip	Country	Zip	Country

08172007 Chg-LP CR2E003 (12/06)

4. FEI Number 47-0901755	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent WEAVER, DOROTHY C 806 DOUGLAS ROAD SUITE 270 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name COLLINS CAPITAL INVESTMENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 806 DOUGLAS ROAD SUITE 570 City CORAL GABLES FL Zip Code 33134
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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 *Kent A. Winstanley* **KENT A. WINSTANLEY CFO** 8/17/07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	M06000007052	STREET ADDRESS	SUITE 570
NAME	COLLINS CAPITAL INVESTMENTS, LLC	CITY-ST-ZIP	
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 270 570	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	500109298395 09/11/07--01022--018 **900.00
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kent A. Winstanley* **KENT A. WINSTANLEY** 8/17/07 305-466-3319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE