



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 19 AM 9:00

DOCUMENT # B03000000300 1. Entity Name COLLINS CAPITAL ALPHA 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 <i>806 DOUGLAS ROAD</i> Suite, Apt. #, etc. <i>SUITE 570</i> City & State <i>CORAL GABLES, FL</i> Zip <i>33134</i> Country <i>USA</i>		3. Mailing Address <i>806 DOUGLAS ROAD</i> Suite, Apt. #, etc. <i>SUITE 570</i> City & State <i>CORAL GABLES, FL</i> Zip <i>33134</i> Country <i>USA</i>			
4. FEI Number 06092005 Chg-LP CR2E003 (10/03) 47-0901760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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) <i>806 DOUGLAS ROAD, SUITE 570</i> City <i>CORAL GABLES</i> FL Zip Code <i>33134</i>				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 <i>Dorothy C Weaver</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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	<i>806 DOUGLAS ROAD, SUITE 570</i>	
NAME	COLLINS CAPITAL ADVISORS, INC.		CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>	
STREET ADDRESS	1450 MADRUGA AVENUE, STE. 400		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Dorothy C Weaver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>6/14/05</i> Daytime Phone # _____		

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