2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # B03000000300

1. Entity Name COLLINS CAPITAL ALPHA FUND I, LP



FILED Mar 17, 2006 08:00 AM Secretary of State

Principal Place of Business **806 DOUGLAS ROAD** SUITE 570 CORAL GABLES, FL 33134 Mailing Address 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

03072008 No Chg-LP

CR2E003 (11/05)

4. FEI Number 47-0901760

Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, DOROTHY C 808 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changing its religious of registered egent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and this if applicable.		_ DATE
	File Nowiii FEE IS \$500.00 After May 1, 2006, Fee will be \$900.	.aa
		TTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Torm; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT F NAME STREET ADDRESS	F02000004507 COLLINS CAPITAL ADVISORS, INC. 806 DOUGLAS ROAD, SUITE 570	
CTY-ST-DP	CORAL GABLES, FL 33134	§
DOCUMENT #		<u> 400000471424 - </u>
STREET ADDRESS CITY-ST-ZIP DOCUMENT		N3/28/O6-80054-001 500.00
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14. I hereby certify that the information supplied with this filling 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 it made under ceth; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

305-466-3319

Davtima Phone #