



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B03000000300 1. Entity Name COLLINS CAPITAL ALPHA FUND I, LP						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">07 SEP -7 AM 10:57</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134				Mailing Address 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country		08172007 Chg-LP CR2E003 (12/06)	
4. FEI Number 47-0901760				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEAVER, DOROTHY C 806 DOUGLAS ROAD SUITE 570 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					
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 <u><i>Kent A. Winchell</i></u> KENT A. WINCHELL CFO DATE <u>8/17/07</u>									
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				
NAME	COLLINS CAPITAL INVESTMENTS, LLC				CITY-ST-ZIP				
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 570								
CITY-ST-ZIP	CORAL GABLES, FL 33134								
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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: <u><i>Kent A. Winchell</i></u> KENT A. WINCHELL DATE <u>8/17/07</u> DAYTIME PHONE # <u>305-666-3319</u>									

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