

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 10 PM 4:07

**DOCUMENT # B03000000300**

1. Entity Name  
 COLLINS CAPITAL ALPHA FUND I, LP



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

*Collins Capital Investments, LLC* *Collins Capital Investments, LLC*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02192008 Chg-LP CR2E003 (12/06)

*806 Douglas Road, Suite 570*  
 City & State

*806 Douglas Road, Suite 570*  
 City & State

*Coral Gables, FL*

*Coral Gables, FL*

Zip  
*33134*

Country

Zip  
*33134*

Country

4. FEI Number

47-0901760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS CAPITAL INVESTMENTS, LLC  
 806 DOUGLAS ROAD  
 SUITE 570  
 CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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*  
 NAME *COLLINS CAPITAL INVESTMENTS, LLC*  
 STREET ADDRESS *806 DOUGLAS ROAD, SUITE 570*  
 CITY-ST-ZIP *CORAL GABLES, FL 33134*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

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. Wenzel* *4/20/08* *305-666-3318*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE