

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 19 AM 8:58

DOCUMENT # B03000000301

1. Entity Name
COLLINS CAPITAL DIVERSIFIED FUND II, 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

806 DOUGLAS ROAD

Suite, Apt. #, etc.

Suite 570

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

806 DOUGLAS ROAD

Suite, Apt. #, etc.

Suite 570

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

06092005

Chg-LP

CR2E003 (10/03)

4. FEI Number

75-2571275

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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)

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

Dorothy C Weaver

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

DATE

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

DOCUMENT # F02000004607
NAME COLLINS CAPITAL ADVISORS, INC.
STREET ADDRESS 1450 MADRUGA AVENUE, STE. 400
CITY-ST-ZIP CORAL GABLES, FL 33146

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

806 DOUGLAS ROAD, Suite 570

CORAL GABLES, FL 33134

DOCUMENT #
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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)(i), 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:

Dorothy C Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/14/05

Date

Daytime Phone

STAPLE CHECK HERE