

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # B03000000301**

1. Entity Name  
COLLINS CAPITAL DIVERSIFIED FUND II, 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



03072006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2571275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

WEAVER, DOROTHY C  
806 DOUGLAS ROAD  
SUITE 570  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, 2006, Fee will be \$800.00**

**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**

DOCUMENT #	F02000004607
NAME	COLLINS CAPITAL ADVISORS, INC.
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 570
CITY-ST-ZIP	CORAL GABLES, FL 33134

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CITY-ST-ZIP	

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U00000471475  
03/28/06-80055-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/06

Date

305-666-3319

Daytime Phone #

STAPLE CHECK HERE