


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAR 10 PM 4:07

DOCUMENT # B03000000301 1. Entity Name COLLINS CAPITAL DIVERSIFIED FUND II, LP	
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Principal Place of Business 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134	Mailing Address 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # c/o Collins Capital Investments, LLC Suite, Apt. #, etc. 806 Douglas Road, Suite 570 City & State Coral Gables, FL Zip 33134	3. Mailing Address c/o Collins Capital Investments, LLC Suite, Apt. #, etc. 806 Douglas Road, Suite 570 City & State Coral Gables, FL Zip 33134
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02192008 Chg-LP CR2E003 (12/06)

4. FEI Number 75-2571275	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLINS CAPITAL INVESTMENTS, LLC 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>

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

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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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500120011049
 03/12/08--01004--007 **\$500.00

STAPLE CHECK HERE

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. Wenzelhorst 2/20/08 305-666-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #