

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 8, 2004

DOCUMENT # B03000000302

1. Entity Name
COLLINS CAPITAL LOW VOLATILITY PERFORMANCE
FUND I, LP



FILED

04 AUG 26 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



07012004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0901753

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

WEAVER, DOROTHY C
1450 MADRUGA AVENUE, STE. 400
CORAL GABLES, FL 33146

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

9. Capital Contributions
as Shown on record.

\$10,000,000.00
5,300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,300,000.00

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

STREET ADDRESS

CITY-ST-ZIP

100041096321
09/15/04-01022-013 **926.25

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/30/04

305-666-3319

STAPLE CHECK HERE