2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 19 AM 8:57

DOCUMENT # B03000000302

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

Principal Place of Business	Mailing Address
C/O COLLINS CAPITAL ADVISORS, INC. 1450 MADRUGA AVENUE, STE. 400 CORAL GABLES, FL 33146	C/O COLLINS CAPITAL ADVISORS, INC. 1450 MADRUGA AVENUE, STE. 400 CORAL GABLES, FL 33146

06092005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
806 DOUGLAS ROAD	806 DOUGLAS ROAD
Suite, Apt. #, etc.: SUITE 570	Suite, Apt. #, etc.: SUITE 570
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$10,000,000.00	

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	STREET ADDRESS	806 DOUGLAS ROAD, SUITE 570
NAME	COLLINS CAPITAL ADVISORS, INC.	CITY-ST-ZIP	CORAL GABLES, FL 33134
STREET ADDRESS	1450 MADRUGA AVENUE, STE. 400		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
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STAPLE CHECK HERE

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 6/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #