


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # B03000000302	
1. Entity Name COLLINS CAPITAL LOW VOLATILITY PERFORMANCE FUND I, 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
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2. Principal Place of Business - No P.O. Box # 806 Douglas Road, Suite 570 City & State Coral Gables, FL Zip 33134	3. Mailing Address 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 47-0901753	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	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 _____	DATE _____

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 #	M06000007052	STREET ADDRESS	
NAME	COLLINS CAPITAL INVESTMENTS, LLC	CITY - ST - ZIP	
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 570		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	900120011129
NAME		CITY - ST - ZIP	03/12/08--01004--009 **\$500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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: <u>KENT A. WILSON</u>	DATE: <u>2/20/08</u> DAYTIME PHONE: <u>305-666-3319</u>