

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # B05000000334**

1. Entity Name  
**COLLINS CAPITAL LONG/SHORT EQUITY FUND II, LP**



**FILED**

07 SEP -7 AM 10:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O COLLINS CAPITAL ADVISORS, INC.  
 806 DOUGLAS ROAD, SUITE 570  
 CORAL GABLES, FL 33134**

Mailing Address  
**C/O COLLINS CAPITAL ADVISORS, INC.  
 806 DOUGLAS ROAD, SUITE 570  
 CORAL GABLES, FL 33134**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**APPLIED FOR 80-0098557**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, DOROTHY C  
 C/O COLLINS CAPITAL ADVISORS, INC.  
 806 DOUGLAS ROAD, SUITE 570  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
**COLLINS CAPITAL INVESTMENTS, LLC**  
 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 **KENT A. WINDHORST CFO**

DATE **8/17/07**

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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**  
 NAME **COLLINS CAPITAL INVESTMENTS, LLC**  
 STREET ADDRESS **806 DOUGLAS ROAD, SUITE 570**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

STREET ADDRESS

CITY-ST-ZIP

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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 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. WINDHORST** 8/17/07 305-666-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE