2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # B05000000334** 1. Entity Name COLLINS CAPITAL LONG/SHORT EQUITY FUND II, LP 08 MAR 11 AM 7: 22 Principal Place of Business Mailing Address C/O COLLINS CAPITAL ADVISORS, INC. C/O COLLINS CAPITAL ADVISORS, INC. 806 DOUGLAS ROAD, SUITE 570 806 DOUGLAS ROAD, SUITE 570 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Oculling Capital investments uc CIOCOllins Capital Investments, u.c. 02192008 CR2E003 (12/06) Chq-LP 806 Douglas Road, Suite 570 806 bouglas Road, Suite 570 4. FEI Number Applied For City & State City & State Coral Gables, FL <u>CoralGables, Fl</u> 80-0098557 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired <u>33134</u> 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLINS CAPITAL INVESTMENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 806 DOULGAS RD., SUITE 570 CORAL GABLES, FL 33134 Suite 570 City Zip Code The above named entity substatement 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 egistered agent CFO SIGNATURE ure, typed or printed name of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. M06000007052 DOCUMENT # STREET ADDRESS COLLINS CAPITAL INVESTMENTS, LLC 100120011441 03/12/08--01004--019 **500.00 STREET ADDRESS 806 DOUGLAS ROAD, SUITE 570 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

KENT A. WINDHEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER