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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

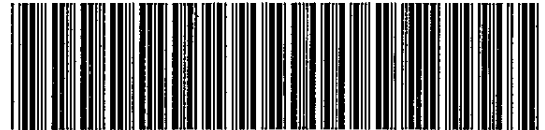
(Document Number)

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08/03/05--01059--011 **1785.00

M. HODGES

05/03/05 11:00 AM

COBB & EISENBERG LLC

ATTORNEYS

JEFFREY B. COBB*
MATTHEW S. EISENBERG*

JONAS C. KATZ**
PAUL KELLY*
ERIC L. ROSS***

*ADMITTED IN CT AND NY

**ADMITTED IN NY ONLY

***ADMITTED IN NY AND NJ ONLY

329 RIVERSIDE AVENUE
WESTPORT, CONNECTICUT 06880
TELEPHONE (203) 222-1940 FACSIMILE (203) 222-1943
www.cobbeisenberg.com

TWO SOUNDVIEW DRIVE, SUITE 100
GREENWICH, CONNECTICUT 06830
TELEPHONE (203) 622-7600

August 2, 2005

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

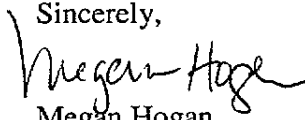
Re: Collins Capital Diversified Fund I, LP

Dear Sir or Madam:

Enclosed for filing please find (a) the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida (**2 copies**) by Collins Capital Diversified Fund I, LP (the "Partnership"), a Delaware limited partnership, (b) an Affidavit of Capital Contributions for a Foreign Limited Partnership by the Partnership, along with (c) a check in the amount of \$1,785 made payable to the Florida Department of State, in satisfaction of the applicable filing fees.

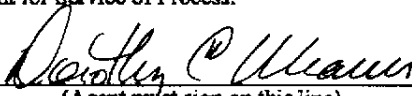
Please acknowledge receipt of this letter and the enclosed documents by date stamping the duplicate of this letter and returning it in the self-addressed stamped envelope. Should you have any questions regarding this matter or require any further documentation, please do not hesitate to call the undersigned at (203) 222-1940.

Sincerely,


Megan Hogan
Senior Paralegal

Enclosures
cc: Collins Capital Advisors, Inc.

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Collins Capital Diversified Fund I, LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Delaware 4. March 24, 2004
(State of Formation) (Date of Formation)
5. Dorothy C. Weaver
(Name of Registered Agent for Service of Process)
6. c/o Collins Capital Advisors, Inc., 806 Douglas Road, Suite 570, Coral Gables, FL 33134
(Street Address of Registered Office)
- Coral Gables, Florida 33134
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. c/o National Corporate Research, Ltd., 615 South Dupont Highway, Dover, DE 19901
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|---|----------------|
| <u>Collins Capital Advisors, Inc. 806 Douglas Road, Suite 570, Coral Gables, FL 33134</u> | |
| <u>FO2-4407</u> | |
| | |
10. c/o Collins Capital Advisors, Inc., 806 Douglas Road, Suite 570, Coral Gables, FL 33134
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

05 APR -3 PM 3:08

12. c/o Collins Capital Advisors, Inc., 806 Douglas Road, Suite 570, Coral Gables, FL 33134

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 18th day of July, 2005.

Dorothy C. Weaver, Chairman of Collins Capital Advisors, Inc. the

Dorothy C. Weaver
General Partner

STATE OF

FLORIDA

COUNTY OF

MIAMI - Dade

On this 18th day of July, 2005.

DOROTHY C. WEAVER

, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Marianne L. Scully
(Notary Public Signature)

Marianne L. Scully
(Notary's Printed Name)

Seal

My Commission Expires:

3/13/2009



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Dorothy C. Weaver, Chairman of Collins Capital Advisors, Inc.
a general partner of Collins Capital Diversified Fund I, LP, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 55,600,889.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 18th day of July, 2005.

Dorothy C. Weaver
General Partner

Dorothy C. Weaver, Chairman of Collins Capital Advisors, Inc., the general partner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 18th day of July, 2005.

DOROTHY C. WEAVER

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Marianne Scully
(Notary Public Signature)

Marianne L. Scully
(Notary's Printed Name)

Seal

My Commission Expires: 3/13/09

