2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

SIGNATURE:

FILED DOCUMENT # B05000000335 COLLINS CAPITAL DIVERSIFIED FUND I, LP 07 SEP -7 AM 10: 57 SECRETANT CHATE TALLAHASSEE, FLORIDA 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 Suite, Apt. #, etc. Suite, Apt. #, etc. 08172007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR 80 - 0098552 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLIUS CAPITAL INVESTMENTS, LLC WEAVER, DOROTHY C Street Address (P.O. Box Number is Not Acceptable) C/O COLLINS CAPITAL ADVISORS, INC. 806 DOUGLAS ROAD, SUITE 570 CORAL GABLES, FL 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 KENT A. WINDHOLST CFO Signature, typed or printed name of registered agent and title if applicable 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 ADDRESS CHANGES ONLY M06000007052 DOCUMENT # STREET ADDRESS NAME COLLINS CAPITAL INVESTMENTS, LLC STREET ADDRESS 806 DOUGLAS ROAD, SUITE 570 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES, FL 33134 600109298046 09/11/07--01022--012 **900.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME 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

KENT A. WEDAHORST \$/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER