

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 MAR 11 AM 7:22

**DOCUMENT # B05000000335**

1. Entity Name  
 COLLINS CAPITAL DIVERSIFIED FUND I, LP



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.  
 806 Douglas Road, Suite 570

Suite, Apt. #, etc.  
 806 Douglas Road, Suite 570

02192008 Chg-LP CR2E003 (12/06)

City & State  
 Coral Gables, FL

City & State  
 Coral Gables, FL

4. FEI Number  
 80-0098552

Applied For  
 Not Applicable

Zip  
 33134

Country

Zip  
 33134

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS CAPITAL INVESTMENTS, LLC  
 806 DOUGLAS RD., SUITE 570  
 CORAL GABLES, FL 33134

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

Signature, 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.**

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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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. Winthorst*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KENT A. WINTHORST

2/20/08

Date

305-666-3319

Daytime Phone #

STAPLE CHECK HERE