


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

<b>DOCUMENT # B06000000219</b> 1. Entity Name <b>COLLINS CAPITAL MASTER FUND I, LP</b>	
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**FILED**

07 SEP -7 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>806 DOUGLAS ROAD, SUITE 507 570</b> <b>CORAL GABLES, FL 33134</b>	Mailing Address <b>806 DOUGLAS ROAD, SUITE 507 570</b> <b>CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. <b>SUITE 570</b>	Suite, Apt. #, etc. <b>SUITE 570</b>
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08172007 Chg-LP CR2E003 (12/06)

City & State	City & State
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4. FEI Number <b>20-3840576</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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COLLINS CAPITAL ADVISORS, INC. 806 DOUGLAS ROAD, SUITE 507 CORAL GABLES, FL 33134	Name <b>COLLINS CAPITAL INVESTMENTS, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 DOUGLAS ROAD</b> <b>SUITE 570</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>
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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]* C/O KENT A. WINDHAUST 8/17/07  
Signature, typed or printed name of registered agent and title if applicable. DATE

**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	STREET ADDRESS	SUITE 570
NAME	COLLINS CAPITAL INVESTMENTS, LLC	CITY-ST-ZIP	
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 507		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: *[Signature]* KENT A. WINDHAUST 8/17/07 305-666-3319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE