


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:39

DOCUMENT # B06000000220 1. Entity Name COLLINS CAPITAL MASTER FUND II, LP	
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Principal Place of Business 806 DOUGLAS ROAD, SUITE 507 CORAL GABLES, FL 33134	Mailing Address 806 DOUGLAS ROAD, SUITE 507 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # Collins Capital Investments, LLC Suite, Apt. #, etc. 806 Douglas Road, Suite 570 City & State Coral Gables, FL Zip 33134	3. Mailing Address Collins Capital Investments, LLC Suite, Apt. #, etc. 806 Douglas Road, Suite 570 City & State Coral Gables, FL Zip 33134
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02192008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3840641	Applied For <input type="checkbox"/> Not Applicable
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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 COLLINS CAPITAL INVESTMENTS, LLC 806 DOUGLAS ROAD, SUITE 507 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 570 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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]* CFO DATE 2/20/08

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 # NAME STREET ADDRESS CITY - ST - ZIP M06000007052 COLLINS CAPITAL INVESTMENTS, LLC 806 DOUGLAS ROAD, SUITE 570 CORAL GABLES, FL 33134	STREET ADDRESS CITY - ST - ZIP <div style="border: 1px solid black; padding: 5px; text-align: center;"> 700118862917 02/27/08--01008--002 **500.00 </div>

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. Winstanley DATE 2/20/08 Daytime Phone # 305-666-3319

STAPLE CHECK HERE