


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # B07000000078 1. Entity Name COLLINS CAPITAL CREDIT OPPORTUNITY FUND, LP	
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Principal Place of Business C/O COLLINS CAPITAL INVESTMENTS, LLC 806 DOUGLAS ROAD, STE 570 CORAL GABLES, FL 33134	Mailing Address C/O COLLINS CAPITAL INVESTMENTS, LLC 806 DOUGLAS ROAD, STE 570 CORAL GABLES, FL 33134
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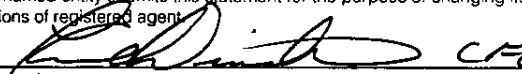
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02192008 Chg-LP CR2E003 (12/06)

4. FEI Number	<input type="checkbox"/> 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 WEAVER, DOROTHY C C/O COLLINS CAPITAL INVESTMENTS, LLC 806 DOUGLAS ROAD, STE 570 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Collins Capital Investments, LLC Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 570 City Coral Gables FL Zip Code 33134
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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  C/O	DATE 2/20/08

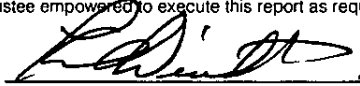
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # M06000007052 NAME COLLINS CAPITAL INVESTMENTS, LLC STREET ADDRESS 806 DOUGLAS ROAD, STE 570 CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS CITY-ST-ZIP
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700120011557
 03/12/08--01004--021 **500.00

STAPLE CHECK HERE

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. WINSTAND	DATE 2/20/08 305-666-3319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #