

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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99 JAN 20 PM 12:47

1. Name of Limited Partnership 740 ASSOCIATES, LTD.	1a. DOCUMENT # A98000001716
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Mailing Address 1111 LINCOLN ROAD MALL, SUITE 510 MAIMI BEACH FL 33139	Principal Office Address 1111 LINCOLN ROAD MALL SUITE 510 MAIMI BEACH FL 33139
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3. Date Formed or Registered 07/17/1998	5a. Capital Contributions as Shown on Record \$99.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORODA to date \$99.00
4. State or Country of Formation FL	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FL Number	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Mailing fee payable to Dept. of State (See reverse side for fee information)

2. Mailing Address One S.E. 3rd Ave 15th floor Miami FL 33131	2a. Principal Office Address Suite, Apt #, etc City & State Zip Country
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9. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134	10. If changed, new Registered Agent's Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.152, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.152, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) 740 COLLINS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1111 LINCOLN ROAD MAL	11b. City, State & Zip Code MAIMI BEACH FL 33139	11c. Registration Document Number 7788...0647
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)