
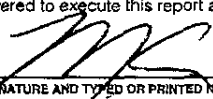


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 05, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A98000001716					
1. Entity Name 740 ASSOCIATES, LTD.					
Principal Place of Business 407 LINCOLN ROAD, SUITE 9F MAIMI BEACH, FL 33139			Mailing Address 407 LINCOLN ROAD, SUITE 9F MAIMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0860487	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMRAS, MICHAEL C/O THE COMRAS COMPANY OF FLORIDA 407 LINCOLN RD., STE. 9F MIAMI BEACH, FL 33139			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000061917		STREET ADDRESS		
NAME	740 COLLINS, INC.		CITY - ST - ZIP		
STREET ADDRESS	407 LINCOLN ROAD, SUITE 9F			100000363099	
CITY - ST - ZIP	MAIMI BEACH, FL 33139			05/05/05 00141 010 141.05	
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			4-2800 (365) 332-0133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE