


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY - 1 PM 1:31
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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 407 LINCOLN ROAD	3. Mailing Address 407 LINCOLN ROAD
Suite, Apt. #, etc. 9F	Suite, Apt. #, etc. 9F
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Zip 33139
Country USA	Country USA



04112006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0860487	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

COMRAS, MICHAEL
C/O THE COMRAS COMPANY OF FLORIDA
407 LINCOLN RD., STE. 9F
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** 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 *[Signature]* DATE 4/11/06

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	P98000061917 740 COLLINS, INC. 407 LINCOLN ROAD, SUITE 9F MAIMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* DATE 4/11/06 (315) 630-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #