## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

106.5

LIMITED PARTNERSHIP ANNUAL REPORT 1998

760 COLLINS ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A27920** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 29 AM 9: 34



Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record \$100.00
103 GREENE STREET	103 Greene Street New York Ny 10012		02/16/1989	
NEW YORK NY 10012			3a. Date of Last Report	
			01/08/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	28. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FLI Number	Applied For
City & State	City & State		<b>58-1834738 7.</b> Certificate of Status Desired	Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Add tional fee Required  State (See reverse slde for fee Information)
			- Pagasio (c. pagasio	Citate (Cost (Crostee Cost (Cost (Cost (Cost (Cost)))))
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office	
MARLO COURTNEY 640 OCEAN DRIVE MIAMI BEACH FL 33139		Streel Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City FI 7:p Code		FL Zip Code
	flice or registered agent, or both, in the State of digations of section 620 192, Florida Statutes.		ership organized or registered under the laws of t age was authorized by its general partner(s). I her DATE	
A GENERAL PARTNER TI		, LIMITED	PARTNERSHIP OR OTHE	R BUSINESS ENTITY
11. Name(s) of Goneral Partner(s)	11a. Address of Each Ge (Do NOT Use Post Office	neral Partner e Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
760 COLLINS, INC.	103 GREENE STREET		NEW YORK NY	K64735
		ï	-01/1	24003593 4/9801099004 156.25 ****156.25
				KIVM

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 figure 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 at that my explanture shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as figured by chapter 620, Florida Statutes.

SIGNATURE.

yped or Printed Name of General Partner Signing Form

RICHARD A. GOLDMAN

DATE

Daytime Telephone Numbe

CR2E003 (6/97)