


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A27920 1. Entity Name 760 COLLINS ASSOCIATES, LTD.					
Principal Place of Business 760 COLLINS AVENUE MIAMI BEACH, FL 33139		Mailing Address C/O 110 GREENE STREET, RM 500 NEW YORK CITY, NY 10012			
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 58-1834738	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COURTNEY, MARLO 840 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$100.00		10. Amount of Capital Contributions in FLORIDA to date			
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 #	K64735		STREET ADDRESS		
NAME	760 COLLINS, INC.		CITY - ST - ZIP		
STREET ADDRESS	110 GREENE STREET, ROOM 500		CITY - ST - ZIP		
CITY - ST - ZIP	NEW YORK, NY 10012		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-27-04 305-531-4411 <small>Date Daytime Phone #</small>		



01122004 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

FL Zip Code

000000156876
05/06/04-00007-008 141.25

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