
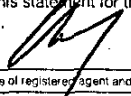
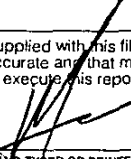


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 10:34

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 804 Ocean Drive <small>Suite, Apt. #, etc.</small> 2nd Floor		3. Mailing Address 804 Ocean Drive <small>Suite, Apt. #, etc.</small> 2nd Floor	
<small>City & State</small> Miami Beach, Florida		<small>City & State</small> Miami Beach, Florida	
<small>Zip</small> 33139	<small>Country</small> Miami-Dade	<small>Zip</small> 33139	<small>Country</small> Miami-Dade
6. Name and Address of Current Registered Agent COURTNEY, MARLO 760 COLLINS AVENUE, 2ND FLOOR 804 Ocean Drive MIAMI BEACH, FL 33139 2nd Floor		7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
4. FEI Number 58-1834738			
5. Certificate of Status Desired XX \$8.75 Additional Fee Required			
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  3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</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 # NAME STREET ADDRESS CITY-ST-ZIP	K64735 760 COLLINS, INC. 110 GREENE STREET, ROOM 500 NEW YORK, NY 10012	STREET ADDRESS CITY-ST-ZIP	804 Ocean Drive - 2nd Floor Miami Beach, FL 33139
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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:  3/21/05 305-531-4411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small>			

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