


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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, 2nd Floor, Miami Beach, Florida  
3. Mailing Address: 804 Ocean Drive, 2nd Floor, Miami Beach, Florida  
City & State: Miami Beach, Florida  
Zip: 33139, Country: Miami-Dade



02242005 Chg-LP CR2E003 (10/03)  
4. FEI Number: 58-1834738  
5. Certificate of Status Desired:  XX \$8.75 Additional Fee Required

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  
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: 3/21/05

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	804 Ocean Drive - 2nd Floor
NAME	760 COLLINS, INC.	CITY-ST-ZIP	Miami Beach, FL 33139
STREET ADDRESS	110 GREENE STREET, ROOM 500		
CITY-ST-ZIP	NEW YORK, NY 10012		
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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: \_\_\_\_\_ DATE: 3/21/05 DAYTIME PHONE #: 305-531-4411