

A27920

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED

APR 11 07 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27920	
1. Entity Name 780 COLLINS ASSOCIATES, LTD.	



Principal Place of Business 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139	Mailing Address 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139
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01022007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1834738	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, MARLO
804 OCEAN DRIVE, 2ND FLOOR
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____
Signatures, typed or printed name of registered agent and the filer, if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00**

**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	
DOCUMENT #	K64735
NAME	760 COLLINS, INC.
STREET ADDRESS	804 OCEAN DRIVE, 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/11/07 90021 038

508.75

DO NOT WRITE IN THIS SPACE

MP

1/16/08

Money was dep incor on COCA K64735

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 AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER

3 UNFILE UNDEL FERE