

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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



FILED
 03 MAR 31 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 760 Collins Avenue Suite, Apt., #, etc.		3. Mailing Address C/O 110 Greene Street Rm 500 Suite, Apt., #, etc.	
City & State Miami Beach, FL		City & State NYC, NY	
Zip 33139	Country USA	Zip 10012	Country USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marlo Courtney
 Street Address (P.O. Box Number is Not Acceptable): 804 Ocean Drive, 2nd Floor
 City: Miami Beach FL Zip Code: 33139

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.
 R. Anthony Goldman, Gen. Partner
 DATE: February 27, 2003

9. Capital Contributions as Shown on record. 100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	760 Collins Inc.	STREET ADDRESS
NAME	C/O R. Anthony Goldman	CITY - ST - ZIP
STREET ADDRESS	110 Greene Street Rm 500	000014316428
CITY - ST - ZIP	New York, NY 10012	03/18/03--01036--014 **141.25
DOCUMENT #		STREET ADDRESS
NAME		CITY - ST - ZIP
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		
CITY - ST - ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: _____ Daytime Phone #: _____

STAPLE CHECK HERE

CR2E003B (12/02)