


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000000337	
1. Entity Name 634 COLLINS, LTD.	

Principal Place of Business 407 LINCOLN ROAD, SUITE 9F MIAMI BEACH, FL 33139	Mailing Address 407 LINCOLN ROAD, SUITE 9F MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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03042008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0435189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COMRAS, MICHAEL A ESQ. % THE COMRAS COMPANY OF FLORIDA INC. 407 LINCOLN ROAD, SUITE 9F 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
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000023937 634 COLLINS CORP 407 LINCOLN ROAD, SUITE 9F MIAMI BEACH, FL 33139	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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 SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/12/08 305-532-0433