2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006058

1. Entity Name 616 COLLINS ASSOCIATES, L.L.C.



Principal Place of Business

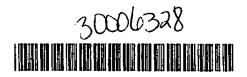
C/O ASHKENAZY ACQ CORP

SUITE 400 NEW YORK, NY 10016 Mailing Address

433 FIFTH AVENUE NEW YORK, NY 10016

FILED May 01, 2007 8:00 am Secretary of State

01-30-2007 90035 022 ****50.00



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Numbor Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS 555 NORTH EAST 15TH STREET SUITE 100 MIAMI, FL 33132 DO NOT WRITE

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, typed or printed name of registered agent and title II applicable.	(NOTE: Registered Agent eignebure required when reinstating)	DATE
D:	ling Fee Is \$50.00 ue by May 1, 2007	•	
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS	MGRM ASHKENAZY, BEN C/O ASHKENAZY ACQ CORP/433 FIFTH AVE.		
CITY-ST-ZIP	NEW YORK, NY 10016		
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NAME STREET ADORESS		178	
CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

maragny member

4/25/07

646-214

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TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP