


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000910</b> 1. Entity Name <b>THE BRYAN COHEN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>1314 EAST LAS OLAS BLVD., #1098 FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>1314 EAST LAS OLAS BLVD., #1098 FT. LAUDERDALE, FL 33301</b>
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**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>65-0870169</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STYLES, MICHAEL ESQ.  
507 S.E. 11TH COURT  
FT. LAUDERDALE, FL 33316**

**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 \_\_\_\_\_  
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**

**U00000898160**  
**04/25/08-80077-013 500.00**

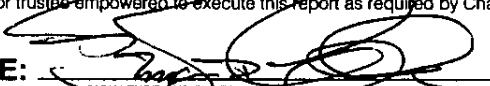
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	<b>COHEN, BRYAN D</b>
STREET ADDRESS	<b>1314 E LAS OLAS BLVD #1098</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **G.P.** **4-11-08** **954-610-9748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE