

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000001088 1. Entity Name COSSIO INVESTMENTS LIMITED PARTNERSHIP LLLP	
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Principal Place of Business 8400 MILLER DRIVE MIAMI, FL 33155	Mailing Address 8400 MILLER DRIVE MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03192007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0068871	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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, 2007, 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 #	VICENTE	STREET ADDRESS	
NAME	COSSIO, VINCENT E	CITY-ST-ZIP	
STREET ADDRESS	8930 S.W. 20 ST.		
CITY-ST-ZIP	MIAMI, FL 33165		
DOCUMENT #		STREET ADDRESS	
NAME	COSSIO, ANTOIN R	CITY-ST-ZIP	
STREET ADDRESS	5945 S.W. 84 AVE.		
CITY-ST-ZIP	MIAMI, FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME	RODRIGUEZ, CARMEN C	CITY-ST-ZIP	
STREET ADDRESS	6440 S.W. 54 ST.		
CITY-ST-ZIP	MIAMI, FL 33155		
DOCUMENT #		STREET ADDRESS	
NAME	VAN HEMERT, JOSEPHINE C	CITY-ST-ZIP	
STREET ADDRESS	7011 S.W. 68 CT.		
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: *Vincent E. Cossio* **VICENTE E. COSSIO** 3/21/07 (205) 794-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE