


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A25664**  
1. Entity Name  
**COGO, LTD.**



Principal Place of Business      Mailing Address  
**3120 MUNROE DRIVE**      **3120 MUNROE DRIVE**  
**MIAMI FL 33133**      **MIAMI FL 33133**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E003 (11/03)

4. FEI Number      Applied For  
**65-0017324**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HARRISON, JOSEPH R, III**  
**3120 MUNROE DRIVE**  
**COCONUT GROVE FL 33133**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **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.

9. Capital Contributions as Shown on record      \$638,285.00      10. Amount of Capital Contributions in FLORIDA to date.      11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	M63620	STREET ADDRESS	
NAME	COGO CORP.	CITY-ST-ZIP	
STREET ADDRESS	3120 MUNROE DRIVE ✓		
CITY-ST-ZIP	COCONUT GROVE FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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02/29/04-80029-012 526.25

STAPLE CHECK HERE

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:** *Joseph R. Harrison, III*      2/2/04      305-445-8047  
Joseph R. Harrison, III      Date      Daytime Phone #