


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # A25664 | |  | |
| 1. Entity Name COGO, LTD. | | | |
| Principal Place of Business 3120 MUNROE DRIVE MIAMI FL 33133 | | Mailing Address 3120 MUNROE DRIVE 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 |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HARRISON, JOSEPH R, III 3120 MUNROE DRIVE COCONUT GROVE FL 33133 | | 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 | |



1st MOORE CR2E003 (10/05)
4. FEI Number **65-0017324** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 | UN0000454403 |
| NAME | | CITY-ST-ZIP | 03/15/06-80014-018 500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: *Joseph R. Harrison III*

305-445-8047