

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


FILED

96 DEC 30 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership COHN ASSOCIATES, LTD.		1a. DOCUMENT # A96000001447	
2. Mailing Address 11510 S.W. 105TH TERRACE MIAMI FL 33176		2a. Principal Office Address 11510 S.W. 105TH TERRACE MIAMI FL 33176	
3. Date Formed or Registered 08/01/1996		5a. Capital Contributions as Shown on record. \$2,500,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 1,500,000	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
COHN, WERNER	11510 S.W. 105TH TERR	MIAMI FL 33176	200002053762--5 -01/10/97--01032--020 ****585.00 ****585.25 585.00
COHN, HERTA	11510 S.W. 105TH TERR	MIAMI FL 33176	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE ✓ *Werner Cohn* *Herta Cohn* DATE ✓ DEC. 26/1996
 Typed or Printed Name of General Partner Signing Form ✓ WERNER COHN HERTA COHN Telephone Number ✓ 274-7441

CR2E003 (6/96)