

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03Q00001088

1. Entity Name
COSSIO INVESTMENTS LIMITED PARTNERSHIP LLLP



Principal Place of Business
**8400 MILLER DRIVE
MIAMI, FL 33155**

Mailing Address
**8400 MILLER DRIVE
MIAMI, FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-0068871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHATCH, JOHN S
2600 DOUGLAS ROAD, PENTHOUSE 8
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

**300030060503
03/09/04--01017--007 **526.25**

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

Signature typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**COSSIO, VINCENT
8400 MILLER DRIVE
MIAMI, FL 33155**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**COSSIO, CARMEN G
8400 MILLER DRIVE
MIAMI, FL 33155**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

Vincent Cossio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-16-04 (305) 412-7445

Date

Daytime Phone #

FILED

2004 FEB 23 PM 1:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

