


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A98000001435</b>			
1. Entity Name COTTON OF KEY WEST LIMITED PARTNERSHIP			
Principal Place of Business 30 BAMBOO TERRACE KEY WEST, FL 33040		Mailing Address P.O. BOX 2652 KEY WEST, FL 33045	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



03302008 Chg-LP CR2E003 (12/06)

4. FEI Number  
65-0837158

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  
~~PENTHOUSE 8, DOUGLAS CENTRE~~  
~~2600 DOUGLAS ROAD~~  
~~GORAL GABLES, FL 33134~~

\*  
 Address Change  
 only →

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 7301 SW 57th Court, Suite 560  
 City South Miami FL Zip Code 33143

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

200128734592  
 05/07/08--01009--019 \*\*500.00

**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 #	COTTON, WILLIAM F	STREET ADDRESS	
NAME	30 BAMBO TERRACE	CITY-ST-ZIP	
STREET ADDRESS	KEY WEST, FL 33040		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	COTTON, LOIS G	STREET ADDRESS	
NAME	30 BAMBO TERRACE	CITY-ST-ZIP	
STREET ADDRESS	KEY WEST, FL 33040		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

L. SELLERS

AUG - 4 2008

EXAMINER

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: *William F. Cotton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-08

Date

Daytime Phone #

STAPLE CHECK HERE