2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0200000279

1. Entity Name

THE JACQUES COHEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business 1441 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442

Mailing Address 1441 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442

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03 FEB 18 AM 9: 16

SECRETARY OF STATE TABLE THAN SEE, FLORIDA

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2. Principal Place of Business			3. Mailing Address		
Suite, A	Apt. #, etc.		Suite, Apt. #, etc.		
City 8.5	State —				DUE BY MAY 1, 2003
City & State		City & State	 	4. FEI Number	
Zir '		Country	Zip		01-0657511 Applied For Not Applicab
<u> </u>		-		Country	5. Certificate of Status Desired \$8.75 Additional
~	6. Name	and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
GOHEN, JACQUES 1441 W. NEWPORT CENTER DRIVE				Name	Address of New Registered Agent
				Street Addre	ess (P.O. Box Number is Not Acceptable)
DEERFIE	ELD BEACH FI	33442			(1.0. Box Number is Not Acceptable)
,					
		<u> </u>		City	75.0-4
the obline	ve named entity	submits this statement for	or the purpose of changing	its registered office or regi	FL Zip Code istered agent, or both, in the State of Florida. I am familiar with, and accept
)	rations of register	red agent.	- 0	- 3 on onice of legi	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or	printed name of registered agent	·		
9. Capital C	Contributions				DATE
as Shown on record. \$2,000,000.00		10. Amount of Cap in FLORIDA to	oital Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
				date.	
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12.	A GI NOTE: (ENERAL PARTNER T General Partners MA	2147 10 1 2		SEE REVERSE SIDE FOR SEE INCORRATION
	P020000073	GENERAL PARTNER 97	HAT IS A BUSINESS E Y NOT be changed on R INFORMATION		ISTERED AND ACTIVE WITH THIS OFFICE. sent must be filed to change a general partner.
12. Dogument #	P020000073 JACQUES C	GENERAL PARTNER 97 OHEN FAMILY CORP	HAT IS A BUSINESS E Y NOT be changed on RINFORMATION	NTITY MUST BE REG the form; an amendm	SEE REVERSE SIDE FOR SEE INCORRATION
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 true true true true that it is report as required by Chapter 620, Florida Statutes.

SIGNATURE REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.10-03 954.480.9202