


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000910	
1. Entity Name THE BRYAN COHEN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1314 EAST LAS OLAS BLVD., #1098 FT. LAUDERDALE, FL 33301	Mailing Address 6400 NORTH ANDREWS AVENUE, #320 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0870169	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWRENCE, DAVID R 6400 N. ANDREWS AVENUE, #320 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name RICHARD H HARRIS Street Address (P.O. Box Number is Not Acceptable) 6400 N ANDREW AVE # 320 City FT LAUDERDALE FL Zip Code 33309
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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 <u><i>Richard Harris</i></u> DATE <u>1/12/04</u>

9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date. 25000.00	263.75
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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	
NAME	COHEN, BRYAN D	CITY-ST-ZIP	
STREET ADDRESS	1958 S.E. 21ST AVENUE		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #	NAME	STREET ADDRESS	500035830565
NAME		CITY-ST-ZIP	05/10/04--01107--006 **263.75
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: <u><i>[Signature]</i></u> GP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date <u>4-22-04</u> Daytime Phone # <u>954-763-5008</u>

STAPLE CHECK HERE