
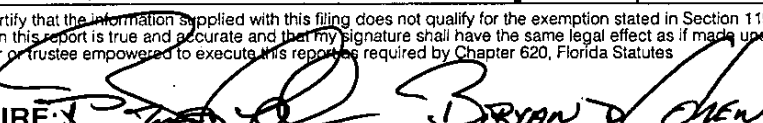


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 28 AM 9:46

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	
2. Principal Place of Business		3. Mailing Address 1314 E Las Olas Blvd #1098	
Suite, Apt. #, etc.		Suite, Apt. #, etc. FORT LAUDERDALE, FLA	
City & State		City & State	
Zip	Country	Zip	Country
		33301	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIS, RICHARD H 6400 N. ANDREWS AVENUE, #320 FT. LAUDERDALE, FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$25,000.00		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	COHEN, BRYAN D 1958 S.E. 21ST AVENUE FT. LAUDERDALE, FL 33316	STREET ADDRESS CITY-ST-ZIP	1314 E Las Olas Blvd #1098 FORT LAUDERDALE, FLA 33301
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 		Date 12-24-05 Phone 954-763-5	