

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 9:43

DOCUMENT # A04000001972

1. Entity Name  
COHEN REAL ESTATE GROUP, L.L.P.



Principal Place of Business  
3363 WEST COMMERCIAL BLVD., SUITE 100  
FORT LAUDERDALE, FL 33309

Mailing Address  
P.O. BOX 812170  
BOCA RATON, FL 33481-2170



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
20-2053867

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

COHEN, DONALD T  
3363 WEST COMMERCIAL BLVD., SUITE 100  
FORT 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

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

DATE

9. Capital Contributions as Shown on record. \$7,500.00

10. Amount of Capital Contributions in FLORIDA to date. 250,000

\$526.25  
439.50

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  
DOCUMENT #  
NAME COHEN, DONALD T  
STREET ADDRESS 3363 WEST COMMERCIAL BLVD., SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP 700048855247  
03/22/05 01041-001 \*\*526.25

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE