

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001972

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



Principal Place of Business
1108 E. NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442

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

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-2053867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COHEN, DONALD T
1108E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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

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
STREET ADDRESS
CITY- ST- ZIP
COHEN, DONALD T
1108 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000800782
01/31/08-80031-005 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE