

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
 DIVISION OF CORPORATE & STATE REGISTRATIONS

06 FEB 20 AM 8:51

DOCUMENT # A05000001611 1. Entity Name S & A COHEN FAMILY, LTD.					
Principal Place of Business C/O A. JEFFREY BARASH, P.A. 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154			Mailing Address C/O A. JEFFREY BARASH, P.A. 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARASH, A. JEFFREY PA 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COHEN, SARA ANN TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	500 BAYVIEW DRIVE - APT. 1424				
CITY-ST-ZIP	MIAMI, FL 33160				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COHEN, ARNOLD LEWIS TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	500 BAYVIEW DRIVE - APT. 1424				
CITY-ST-ZIP	MIAMI, FL 33160				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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 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:			2/1/06 305-940-1266		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> ARNOLD LEWIS COHEN			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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 02/28/06--01019--025 **\$500.00