

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 86-1146759	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 BARASH, A. JEFFREY PA 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	COHEN, SARA ANN TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	500 BAYVIEW DRIVE - APT. 1424 MIAMI, FL 33160		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	COHEN, ARNOLD LEWIS TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	500 BAYVIEW DRIVE - APT. 1424 MIAMI, FL 33160		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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STAPLE CHECK HERE

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: Sara Ann Cohen SARA ANN COHEN, 1/16/08 305-946-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #