

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001611

Entity Name: S & A COHEN FAMILY, LTD.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O A. JEFFREY BARASH, P.A.  
1140 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

C/O A. JEFFREY BARASH, P.A.  
1140 KANE CONCOURSE - 4TH FL  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

FEI Number: 86-1146759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARASH, A. JEFFREY PA  
1140 KANE CONCOURSE - 4TH FL  
BAY HARBOR ISLANDS, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: COHEN, SARA ANN TRUSTEE  
Address: 500 BAYVIEW DRIVE - APT. 1424  
City-St-Zip: MIAMI, FL 33160

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: COHEN, ARNOLD LEWIS TRUSTEE  
Address: 500 BAYVIEW DRIVE - APT. 1120  
City-St-Zip: MIAMI, FL 33160

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ARNOLD LEWIS COHEN

TRUS

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date