

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000231

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** BONNIE & MICHAEL COHEN FAMILY, LP

**Current Principal Place of Business:**

18901 NORTHEAST 29TH AVENUE  
100  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

18901 NORTHEAST 29TH AVENUE  
100  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 27-2409142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE 29TH AVENUE  
SUITE 100  
AVENTURA,, FL 33180 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, BONNIE  
Address: 18901 NORTHEAST 29TH AVENUE, SUITE 100  
City-St-Zip: AVENTURA, FL 33180 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: COHEN, MICHAEL  
Address: 18901 NORTHEAST 29TH AVENUE, SUITE 100  
City-St-Zip: AVENTURA, FL 33180 US

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: COHEN, MICHAEL

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03/07/2011

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

\_\_\_\_\_  
Date