## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

SIGNATURE: MA / CHARLES AND TYPED PAPEINTED NAME OF SUCH NO CENTER AND TYPED PAPEINTED NAME OF SUCH NO. TYPED PAPEINTED NAME OF SUCH NO. TYPED PAPEINTED NAME OF SUCH NO.

STAPLE CHECK HERE

DOCUMENT # A25664  1. Entity Name COGO, LTD.					FILED Feb 08, 2008 08:00 A Secretary of State
Principal Plac 3120 MUNR MIAMI FL 3		Mailing Address 3120 MUNROE DRIVE MIAMI FL 33133			
2. Principal Place of Business - No P.O. Box #		3. Mailing Adoress			
Scite, Apt. #, etc.  City & State		Suite, Apr. #, etc.  City & State			1st MOORE
Zip Country		Zip Country		ntry	65-0017324   Not Applicable
	6. Name and Address of Current			Υ	Certificate of Status Desired Fee Required     Name and Address of New Registered Agent
u. Name and Address of Content neglistered Agent				Namo	
HARRISON, JOSEPH R, III 3120 MUNROE DRIVE COCONUT GROVE FL 33133				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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.    100000820617					
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 CITY-ST-ZIP	M63620 COGO CORP. 3120 MUNROE DRIVE COCONUT GROVE FL			EET ADDRESS /-ST-ZIP	
DOCUMENT # NAME	11.4		STR	EET ADDRESS	
STREET ADDRESS City-ST-ZIP			City	(+SF-ZIP	1 11 11 11 11 11 11 11 11 11 11 11 11 1
DOCUMENT # NAME			STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		•	CITY	(-ST-ZIP	
DOCUMENT # NAME			SIR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	(-ST-ZIP	
DOCUMENT # NAME			STR	EET AUDHESS	
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP	
DOCUMENT # NAME			STR	EET AUDHESS	
STREET ADDRESS  CITY-ST-ZIP			CITY	r-ST-7IP	
14. Thereby certify that the information supplied with this filling 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 it made under path; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes					

2/4/08

Dari 305-445-804P7na\*