

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000000016

FILED
Jan 07, 2009
Secretary of State

Entity Name: COHEN FAMILY PARTNERSHIP, LTD.

Current Principal Place of Business:

4923 BAYWAY DRIVE
TAMPA, FL 33629

New Principal Place of Business:

4923 BAY WAY DRIVE
TAMPA, FL 33629

Current Mailing Address:

4923 BAYWAY DRIVE
TAMPA, FL 33629

New Mailing Address:

4923 BAY WAY DRIVE
TAMPA, FL 33629

FEI Number: 59-3160840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ALBERT V
4923 BAY WAY DRIVE
TAMPA, FL 33629 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, ALBERT V
Address: 4923 BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629

Document #:

Name: COHEN, ROSALIE K
Address: 4923 BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALBERT V. COHEN

Electronic Signature of Signing General Partner

01/07/2009

Date