2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A9400000495 1. Entity Name | | | | | the state of the s |
|---|---|---|--|---|--|
| THE COHEN FAMILY LIMITED PARTNERSHIP | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | |
| Principal Place of Business Mailing Address 1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062 | | | | 3 | 00 FEB 18 PH12: 44 |
| | | | | <u> </u> | |
| 2. Principal Place of Business 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | City & State | | 4. FEI Number 65-6142876 Applied For Not Applicable |
| Zip | Country | . Zip Co | | try | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. Name and Address of New Registered Agent |
| THALER, MANLEY H ESQ 700 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401 | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| 3.98 | | | | City FL Zip Code | |
| 8. The above | named entity submits this statement for | or the purpose of changing i | ts register | ed office or regis | stered agent, or both, in the State of Florida. |
| 9. Capital Co as Shown | on record: A GENERAL PARTNER | . 10. Amount of Cap in FLORIDA to THAT IS A BUSINESS E | oital Contri date. | outions UST BE REG | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE. Ient must be filed to change a general partner. |
| 12. | GENERAL PARTNE | | 13. | | ADDRESS CHANGES ONLY |
| DOCUMENT # NAME STREET ADDRESS | HANKIN, RHODA 17669 FIELDBROOK CIRCLE | | STR | EET ADDRESS | 1167 HILLSBORO MILE #410 |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | HILLSBORO BEACH, FL 33062 |
| DOCUMENT # NAME | HANKIN, WILLIAM 1167 HILLSBORO MILE | | STR | EET ADDRESS | 1167 HILLSBORO MILE #410 |
| STREET ADDRESS CITY-ST-ZIP | | | СПУ | -ST-ZBP | |
| DOCUMENT# NAME | · · | | STR | ET ADDRESS | nf a/28/00 |
| STREET ADDRESS CITY - ST - ZIP | | | СПҮ | -ST-ZIP | U |
| DOCUMENT # NAME | | | , STR | EET ADDRESS | 4000031559947 -03/03/0001019008 |
| STEGET ADDRESS CITY_ST-ZIP | | | CITY | -ST-ZIP | ****526.25 *****526.25 |
| DOGUMENT # | | | STR | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | СПҮ | -ST-ZIP | |
| DOCUMENT# NAME | | | STR | ET ADDRESS | |
| STREET ADDRESS CITY+ST-ZIP | \$ | | | -ST-ZIP | |
| 14. I hereby indicated the receiver | certify that the information supplied with don this report is true and accurate and ver or trustee empowered to execute the | n this filing does not qualify I that my signature shall hav is report as required by Cha | for the exe re the sam- apter 620, | mption stated in e legal effect as Florida Statutes | Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under path; that I am a General Partner of the limited partnership or |

WILLIAM HANKIN, GENERAL PARTNER SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: