2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A94000000495

1. Entity Name

THE COHEN FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:34

Principal Place of Business	Mailing Address
1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062	1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062

1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-6142876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASKEW, JEFFREY ESQ
27 PENNOCK LANE, SUITE 101
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $1,906,360.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	
NAME	HANKIN, RHODA		
STREET ADDRESS	1167 HILLSBORO MILE APT 410	CITY-ST-ZIP	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME	HANKIN, WILLIAM		
STREET ADDRESS	1167 HILLSBORO MILE APT 410	CITY-ST-ZIP	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	500050036735
NAME			04/06/05--01059--014 **526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: William Hankin WILLIAM HANKIN GENERAL PARTNER 3/28/05 (954) 421-3659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #