2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000000495

1. Entity Name

THE COHEN FAMILY LIMITED PARTNERSHIP

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 (10/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
ASKEW, JEFFREY ESQ 27 PENNOCK LANE, SUITE 101 JUPITER FL 33458	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.

FILE NOW!!! Fee is $500.* After May 1, 2007, fee will be $900.*** Make check payable to Florida Department of State.**

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 HANKIN, RHODA 1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP U00000658984 03/16/07-80010-027 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP HANKIN, WILLIAM 1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 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: [signature] WILLIAM HANKIN GENERAL PARTNER 3/5/07 (954) 421-3659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #