

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

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # A94000000495

1. Entity Name

THE COHEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1167 HILLSBORO MILE APT 410
HILLSBORO BEACH FL 33062

Mailing Address

1167 HILLSBORO MILE APT 410
HILLSBORO BEACH FL 33062



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6142876

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/07)

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

Signature, typed or printed name of registered agent and date of application

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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
	HANKIN, WILLIAM	1167 HILLSBORO MILE APT 410	HILLSBORO BEACH FL 33062

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:

William Hankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM HANKIN
GENERAL PARTNER

2/5/08

Date

Daytime Phone #

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