



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 31 AM 11:11</p> <p style="text-align: right;">mtu 1/14</p> 
1. Name of Limited Partnership COHN PARTNERS, LTD.		1a. DOCUMENT # A95000002075	
Mailing Address 88181 OLD HIGHWAY, UNIT C-4 ISLAMORADA FL 33036		Principal Office Address 88181 OLD HIGHWAY, UNIT C-4 ISLAMORADA FL 33036	
2. Mailing Address 89051 Old Highway Suite, Apt. #, etc. Tavernier, FL 33070 City & State Zip Country		2a. Principal Office Address 89051 Old Highway Suite, Apt. #, etc. Tavernier, FL 33070 City & State Zip Country	
3. Date Formed or Registered 12/28/1995		5a. Capital Contributions as Shown on record \$1,000,000.00	
3a. Date of Last Report 12/26/1996		5b. Amount of Capital Contributions in FLOrIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0661857	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent COHN, DAVID M 88181 OLD HIGHWAY UNIT C-4 ISLAMORADA FL 33036	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 89051 Old Highway Suite, Apt. #, etc. Tavernier, FL 33070 City State Zip Code <div style="text-align: right;">FL</div>
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) DAVID M. COHN, AS TRUSTEE COHN, NANCY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 88181 OLD HWY UNIT 89051 Old Highway 88181 OLD HWY UNIT 89051 Old Highway	11b. City, State & Zip Code ISLAMORADA FL 33036 ISLAMORADA FL 33036 Tavernier, FL 33070 Tavernier, FL 33070	11c. Registration/Document Number <div style="text-align: right;"> 000002401370--8 -01/15/98--01044--006 ****541.25 ****541.25 </div>
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Nancy L Cohn
 Typed or Printed Name of General Partner Signing Form: **NANCY L. COHN**

DATE 12/27/97
 Daytime Telephone Number 305-853-0595

CR2E003 (6/97)