


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

FILED

2005 APR 18 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A95000002075</b> 1. Entity Name <b>COHN PARTNERS, LTD.</b>					
Principal Place of Business <b>89051 OLD HIGHWAY TAVERNIER FL 33070</b>			Mailing Address <b>P.O. BOX 1099 TAVERNIER FL 33070-1099</b>		
2. Principal Place of Business <b>176 Harborview Dr</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tavernier FL</b>		City & State		4. FEI Number <b>65-0661857</b>	
Zip <b>33070</b>		Country <b>Monroe</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHN, DAVID M 89051 OLD HIGHWAY TAVERNIER FL 33070</b>				7. Name and Address of New Registered Agent Name <b>David M. Cohn</b> Street Address (P.O. Box Number is Not Acceptable) <b>176 Harborview Dr. P.O. Box 1099</b> City <b>Tavernier</b> <b>FL</b> Zip Code <b>33070</b>	
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 <u><i>Nancy L. Cohn</i></u> DATE <u>4/15/05</u>					
9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	DAVID M. COHN, AS TRUSTEE				
STREET ADDRESS	P.O. BOX 1099		CITY-ST-ZIP		
CITY-ST-ZIP	TAVERNIER FL 33070				
DOCUMENT #	NAME		STREET ADDRESS		
	COHN, NANCY				
STREET ADDRESS	P.O. BOX 1099		CITY-ST-ZIP		
CITY-ST-ZIP	TAVERNIER FL 33070				
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CITY-ST-ZIP					
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: <u><i>Nancy L. Cohn</i></u> <u>General Partner</u>			4/15/05 305 853-0595		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



1ST MOORE

CR2E003 (10/04)

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

STAPLE CHECK HERE