


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

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000002075 1. Entity Name COHN PARTNERS, LTD.	
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Principal Place of Business 176 HARBRVIEW DR. TAVERNIER FL 33070	Mailing Address P.O. BOX 1099 TAVERNIER FL 33070-1099
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 65-0661857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COHN, DAVID M 176 HARBRVIEW DR. PO BOX 1099 TAVERNIER FL 33070	
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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.

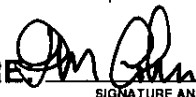
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
NAME	DAVID M. COHN, AS TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	P.O. BOX 1099		
CITY - ST - ZIP	TAVERNIER FL 33070		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COHN, NANCY	CITY - ST - ZIP	
STREET ADDRESS	P.O. BOX 1099		
CITY - ST - ZIP	TAVERNIER FL 33070		
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CITY - ST - ZIP			

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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  **DM. Cohn - Partner** 4/14/07 305 853-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE