

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000002075

Entity Name: COHN PARTNERS, LTD.

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

176 HARBRVIEW DR.  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1099  
TAVERNIER, FL 330701099

**New Mailing Address:**

FEI Number: 65-0661857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHN, DAVID M  
176 HARBRVIEW DR.  
PO BOX 1099  
TAVERNIER, FL 33070 US

**Name and Address of New Registered Agent:**

COHN, NANCY  
176 HARBRVIEW DR.  
TAVERNIER, FL 33070 US

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.

SIGNATURE: NANCY COHN

04/10/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DAVID M. COHN, AS TRUSTEE

Address: P.O. BOX 1099

City-St-Zip: TAVERNIER, FL 33070

Document #:

Name: COHN, NANCY

Address: P.O. BOX 1099

City-St-Zip: TAVERNIER, FL 33070

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY COHN

GP

04/10/2009

Electronic Signature of Signing General Partner

Date