

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001675

1. Entity Name

ISRAEL COHEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

7163 ASHFORD LANE
BOYNTON BEACH, FL 33437

Mailing Address

7163 ASHFORD LANE
BOYNTON BEACH, FL 33437



01152007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3322751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

UN00000611143
02/02/07-80049-011 500.00

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

DOCUMENT #
NAME THE ISRAEL A. COHEN TRUST
STREET ADDRESS 7163 ASHFORD LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

DOCUMENT #
NAME THE SYLVIA Z. COHEN TRUST
STREET ADDRESS 7163 ASHFORD LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/29/07 5761735090