


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000402 1. Entity Name COOPER & BLASS INVESTMENTS, LTD.					
Principal Place of Business 2900 S.W. 52ND AVENUE DAVIE, FL 33314			Mailing Address 2900 S.W. 52ND AVENUE DAVIE, FL 33314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0730143	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAAGENSON, ROGER D SUITE 601, CUMBERLAND BUILDING 800 EAST BROWARD BLVD. FT. LAUDERDALE, FL 33301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$16,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P97000008682		STREET ADDRESS		
NAME	COOPER & BLASS INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	2900 S.W. 52ND AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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)(f), 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>1/12/05</u> 754-584-6215		

STAPLE CHECK HERE