## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006`

**DOCUMENT # A97000000402** 

1. Enity Name COOPER & BLASS INVESTMENTS, LTD.



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 10 AM 10: 35

Principal Place of Business

Mailing Address

2900 S.W. 52ND AVENUE **DAVIE, FL 33314** 

CHECK HERE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

2900 S.W. 52ND AVENUE DAVIE, FL 33314



## DO NOT WRITE IN THIS SPACE

03062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0730143

Applied For Not Applicable

5. Certificate of Status Desired

\$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

## 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		
	Signature, typed or printed name of registered agent and tipe it applicable.	DATE
FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
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 #	P97000008682	
NAME	COOPER & BLASS INVESTMENTS, INC.	
STREET ADDRESS	2900 S.W. 52ND AVENUE	
CITY-ST-ZIP	DAVIE, FL 33314	
DOCUMENT #		300072427683
NAME		300072427683 04/27/0601043024 **526.25
STREET ADDRESS		04/21/00 01010 021 ***020120
CITY-ST-ZIP		·
DOCUMENT?		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT /		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
COCCIMICATI #	·	

14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER