

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001392

Entity Name: COX ENTERPRISES PARTNERSHIP, LTD.

FILED  
Jan 19, 2006  
Secretary of State

**Current Principal Place of Business:**

8745 S.W. 176 TERRACE  
MIAMI, FL 33157

**New Principal Place of Business:**

46 OLD OAK DRIVE SOUTH  
PALM COAST, FL 321374324 US

**Current Mailing Address:**

8745 S.W. 176 TERRACE  
MIAMI, FL 33157

**New Mailing Address:**

46 OLD OAK DRIVE SOUTH  
PALM COAST, FL 321374324

FEI Number: 65-0685553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JENSEN, ROBERT W ESQ  
2199 PONCE DE LEON BLVD  
MERRICK PLAZA, SUITE 301  
CORAL GABLES, FL 33134 US

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

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:

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: G04078900028  
Name: THOMAS COX IRREVOCABLE TRUST  
Address: 8745 S.W. 176TH TERRACE  
City-St-Zip: MIAMI, FL 331575852  
Document #: G04078900030  
Name: JOHN COX IRREVOCABLE TRUST  
Address: 2648 NE 34 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33306

**ADDRESS CHANGES ONLY:**

Address: 46 OLD OAK DRIVE SOUTH  
City-St-Zip: PALM COAST, FL 321374324  
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: THOMAS L. COX

01/19/2006

Electronic Signature of Signing General Partner

Date