


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 24 AM 10:00

<b>DOCUMENT # A97000002763</b>					
1. Entity Name COHEN PROPERTIES OF CENTRAL FLORIDA, LTD.					
Principal Place of Business 1239 OCEANSHORE BLVD., UNIT 12 B 2 ORMOND BEACH, FL 32176			Mailing Address 1239 OCEANSHORE BLVD., UNIT 12 B 2 ORMOND BEACH, FL 32176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3483390	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OLIVARI & ASSOCIATES 141 SAGE BRUSH TRAIL, SUITE D ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name <u>BURNETT, RANDOM R. ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 N. GRANDVIEW AVE., 3RD FLOOR EAST</u> City <u>DAYTONA BEACH</u> FL Zip Code <u>32118</u>	
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 <u>[Signature]</u> DATE <u>1/21/05</u>					
9. Capital Contributions as Shown on record. \$443,490.00			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 #	F04000001030		STREET ADDRESS		
NAME	ZEVCO, INC.		CITY-ST-ZIP	400045696674 01/31/05--01036--006 **526.25	
STREET ADDRESS	1239 OCEANSHORE BLVD., UNIT 12B2		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
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)(i), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			JAN 19, 2005 (386) 441-2890 Date Daytime Phone #		

STAPLE CHECK HERE