

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 24 PM 2:36

**DOCUMENT # A98000002249**

1. Entity Name  
 GERARD COHEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 18671 COLLINS AVENUE, UNIT 1202  
 SUNNY ISLES, FL 33160

Mailing Address  
 2 S. BISCAYNE BLVD., STE. 3400  
 MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address



01232004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 65-0899066

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
 2 S. BISCAYNE BLVD., STE. 3400  
 MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$60,000.00

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 COHEN, GERARD  
 18671 COLLINS AVENUE, UNIT 1202  
 SUNNY ISLES, FL 33160

STREET ADDRESS

CITY-ST-ZIP

600032107416

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

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:

*Gerard Cohen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03-16-04

Date

954-536-0545

Daytime Phone #

STAPLE CHECK HERE