

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # B00000000148 1. Entity Name ALBERT COHEN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401			Mailing Address 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		4. FEI Number 65-0733481	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHULTZ, AMY E 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$100.00			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		
NAME	COHEN, ALBERT M.D.		CITY-ST-ZIP		
STREET ADDRESS	3802 N.E. 207TH STREET, #601				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	F00000002607		CITY-ST-ZIP		
STREET ADDRESS	ALBERT COHEN FAMILY MANAGEMENT, INC.				
CITY-ST-ZIP	3802 N.E. 207TH STREET, #601				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180				
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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: Albert Cohen M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2467 501 659 1183

Date Daytime Phone #