

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B00000000148

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALBERT COHEN FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0733481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, AMY E
700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 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

Capital Contributions as Shown on record: 100.00

Amount of Capital Contributions in Florida to date: 100.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: COHEN, ALBERT M.D.

Address: 3802 N.E. 207TH STREET, #601

City-St-Zip: NORTH MIAMI BEACH, FL 33180

Document #: F00000002607

Name: ALBERT COHEN FAMILY MANAGEMENT, INC.

Address: 3802 N.E. 207TH STREET, #601

City-St-Zip: NORTH MIAMI BEACH, FL 33180

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT COHEN MD

GP

04/29/2005

Electronic Signature of Signing General Partner

Date