

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 30, 2007 08:00 A  
Secretary of State**

<b>DOCUMENT # B00000000148</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04172007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0733481	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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	
	COHEN, ALBERT M.D.		
STREET ADDRESS	3802 N.E. 207TH STREET, #601	CITY-ST-ZIP	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		
DOCUMENT #	NAME	STREET ADDRESS	
	F00000002607 ALBERT COHEN FAMILY MANAGEMENT, INC.		
STREET ADDRESS	3802 N.E. 207TH STREET, #601	CITY-ST-ZIP	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		
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05/17/07-80051-002 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Shulay J. Cohen* ALBERT COHEN FAMILY MGT. LLC  
SARILOR COHEN, PRES  
Gen Partner 4/25/07 305-932-9595