


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
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
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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

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 #		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 #	F00000002607	STREET ADDRESS	
NAME	ALBERT COHEN FAMILY MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	3802 N.E. 207TH STREET, #601		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		
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CITY-ST-ZIP			

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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: *Shuley J. Cohen* **ALBERT COHEN FAMILY MGT. INC.**
SAHILBY COHEN, PRES
Gen Partner 4/25/07 305-932-9595