

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 06, 2008 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**



02242008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**COHEN, ALBERT M.D.
3802 N.E. 207TH STREET, #601
NORTH MIAMI BEACH, FL 33180**

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

DOCUMENT #
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U000000850025
03/21/08-80045-004 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE