


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 8: 31

DOCUMENT # L01000020164 1. Entity Name COHEN VENTURES, LLC	
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Principal Place of Business 712 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408	Mailing Address 712 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408
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04162008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1159122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GREGORY R
 712 U.S. HIGHWAY ONE, STE. 400
 NORTH PALM BEACH, FL 33408

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

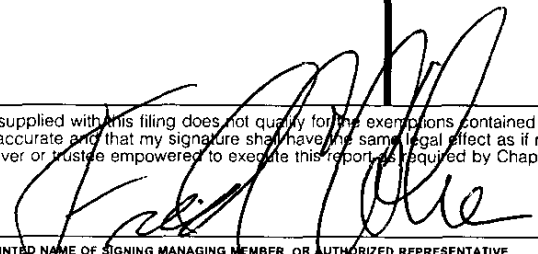
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	COHEN, FRED C
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, MYRNA
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, GREGORY R
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, TODD J
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, BRYAN S
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date 4/16/08 Daytime Phone # 5618443600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #