


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025768 1. Entity Name COHEN MARKET 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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03242004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1632405	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

NORRIS, DAVID B
 712 U.S. HIGHWAY ONE
 NORTH PALM BEACH, FL 33408

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, FRED C 712 US HWY ONE STE 400 N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM COHEN, BRYAN S 712 US HWY ONE STE 400 N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM COHEN, GREGORY R 712 US HWY ONE STE 400 N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM COHEN, TODD J 712 US HWY ONE STE 400 N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000001-30053
 04/26/04-80101-025 1200.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Fred C. Cohen 4/20/04 561/844-3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #