


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051100 1. Entity Name COHEN STRATEGIC, LLC	
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Principal Place of Business 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408	Mailing Address 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408
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FILED
 07 MAY -7 AM 11: 06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04232007No Chg-LLC CR2E083 (11/05)

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4. FEI Number 51-0513922	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, FRED C
 712 U.S. HIGHWAY ONE, SUITE 400
 NORTH PALM BEACH, FL 33408

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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.

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHEN, FRED C
STREET ADDRESS	712 U.S. HIGHWAY ONE, SUITE 400
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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600103235296
 05/25/07--01006--002 **300.00

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: _____ *Fred C. Cohen* _____ *4-25-07 (56)844-3600*

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

Fred C. Cohen