


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1
1/1:

FILED
Mar 15, 2007 8:00 am
Secretary of State

01-19-2007 90065 040 ****50.00

DOCUMENT # L06000038527			
1. Entity Name COHEN WATERSIDE, LLC			
Principal Place of Business 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408		Mailing Address 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 34-2064222		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name COHEN, FRED C		Name	
Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City	
Zip Code		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 _____ <small>Signature typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when attending.</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM, P COHEN, FRED 712 U.S. Highway 1, Ste 400 No. Palm Beach, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T COHEN, BRYAN 712 U.S. Highway 1, Ste 400 No. Palm Beach, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. 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: _____		1/12/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGER, GENERAL MANAGER OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	