

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113614

FILED
Apr 14, 2008
Secretary of State

Entity Name: COHENDOWNS, LLC

Current Principal Place of Business:

6800 NERVIA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

6800 NERVIA STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5943677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELAND, RUSSIN & BUDWICK, P.A.
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, PETER
Address: 6800 NERVIA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: DOWNS, CHARLES
Address: 200 SOUTH BISCAYNE BLVD., SUITE 1150
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER COHEN

MGR

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date