

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> L01000000084  |   |
| 1. Entity Name<br>NANA AND PAPA COHEN HOLDINGS, LLC   |   |
| Principal Place of Business<br>20191 EAST COUNTRY CLUB DRIVE<br>#2206<br>AVENTURA, FL 33180 | Mailing Address<br>20191 EAST COUNTRY CLUB DRIVE<br>#2206<br>AVENTURA, FL 33180 |



01082007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>65-1068731                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

COHEN, HAROLD  
20191 EAST COUNTRY CLUB DRIVE  
#2206  
AVENTURA, FL 33180

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

|                 |                                  |
|-----------------|----------------------------------|
| TITLE           | PST                              |
| NAME            | COHEN, MYRA                      |
| STREET ADDRESS  | 20191 EAST COUNTRY CLUB DR #2206 |
| CITY - ST - ZIP | AVENTURA, FL 33180               |

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| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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01/12/07-80030-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 603, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone

1/8/07

305-893-4036