2008 LIMITED LIABILITY COMPANY

urate and that my

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR

ANNUAL REPORT FILED SECRETARY OF STATE DOCUMENT # L01000014290 DIVISION OF CORPORATIONS 1. Entity Name COHEN ACQUISITIONS, LLC 08 APR 30 AM 8: 31 Principal Place of Business Mailing Address 712 U.S. HIGHWAY ONE 712 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 04162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1134300 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, GREGORY R DO NOT WRITE 712 U.S. HWY. ONE, STE. 400 NORTH PALM BEACH, FL 33408 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE COHEN: FRED C NAME 712 US HWY ONE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 MGRM 700129438937 05/14/08--01009--022 **1582.50 TITLE COHEN, GREGORY R NAME 712 US HWY ONE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS I hereby certify that the information sup indicated on this report is true and accol-limited liability company or the receiver this filing the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am a managing member or manager of the capolit as required by Chapter 608, Florida Statutes.