


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 018 ***138.75

DOCUMENT # L01000017634 1. Entity Name MAHONEY COHEN FAMILY OFFICE SERVICES, A FLORIDA LIMITED LIABILITY COMPANY																																	
Principal Place of Business 2101 NW CORPORATE BLVD SUITE 211 BOCA RATON, FL 33431 US			Mailing Address 1200 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131 US																														
2. Principal Place of Business - No P.O. Box # 1200 BRICKELL AVE			3. Mailing Address 1200 BRICKELL AVE																														
Suite, Apt. #, etc. 700			Suite, Apt. #, etc. 700																														
City & State MIAMI FL			City & State MIAMI FL																														
Zip 33131			Country USA																														
4. FEI Number 65-1147363			Applied For <input type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																														
6. Name and Address of Current Registered Agent DANNER, STEPHEN G 1200 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>Stephen Danner</i> Stephen Danner Mng. Member 1-9-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>WEBSTER, CYNTHIA</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 NW CORPORATE BLVD, #211</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	WEBSTER, CYNTHIA	<input checked="" type="checkbox"/>	STREET ADDRESS	2101 NW CORPORATE BLVD, #211		CITY - ST - ZIP	BOCA RATON, FL 33431		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td>STEPHEN G. DANNER</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 BRICKELL AVE. STE 700</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33131</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME	STEPHEN G. DANNER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STREET ADDRESS	1200 BRICKELL AVE. STE 700			CITY - ST - ZIP	MIAMI, FL 33131		
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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: <i>Stephen Danner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 1-9-08 Daytime Phone #: 305-503-4000																														

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