2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000020164

1. Entity Name
COHEN VENTURES, LLC



Principal Place of Business

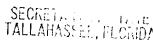
712 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408 Mailing Address

712 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408



FILED

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01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1159122 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

COHEN, GREGORY R 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408

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8.	b. 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.	
SI	GIGNATURE	<u> </u>

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COHEN, FRED C
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, MYRNA
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, GREGORY R
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLÉ	MGRM
NAME	COHEN, TODD J
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	COHEN, BRYAN S
STREET ADDRESS	712 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	\mathcal{L}

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DATE

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11. I hereby certify that the information supplied with this filing does not quarry for the exemption stated in Section 119.07(3)(i), 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 empowerer to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MENAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/05

561.844,3600

Daytime Phon