

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAY 10 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC

CR2E083 (11/05)

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

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

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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, 2006**

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

TITLE 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

600075273976
05/25/06--01024--012 **750.00

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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: _____

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

Date

Daytime Phone #