

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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**



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1159122	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

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

**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	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	

U00000590593
01/18/07-80062-009 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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #