## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UN	HFORM BUSINES	S REPORT	<u>   (</u> U	JBR)	,	•	Amerikan .			•	·
DOCUMENT # L01000020164  1. Entity Name COHEN VENTURES, LLC					FILED 03 MAY 14 PM 12: 20						
Principal Place	e of Business	Mailing Address			1						
712 U.S. HIGHWAY ONE		712 U.S. HIGHWAY ONE				ı T' A	SECRETAR ALLAHASS	YOFS	TATE		
NORTH PALM I	BEACH FL 33408	NORTH PALM BEACH FL 33	408		} 					ELII WIRI IEST	
2. Principal P	lace of Business	3. Mailing Address		<u> </u>							
·					11 <b>30</b> 11		<b>18181 (1811) 98</b> 111 <b>98</b> 111	<b>BBI (18</b> 11 <b>2</b> f		ETITL BIBL SERV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Num	ber	65-115912	2	<del> +-</del>	pplied For ot Applicable	-
Zip Country		Zip Coun		ntry	5 Certifica	te of S	status Desired	П	\$5.00 Ad		7
	6. Name and Address of Current Re	nictored Agent		<u> </u>			dress of New R		Fee Require	ed	4
		gistered Agent	-	Name	7. Ivaille a	ilu Auc	uicas of 110# 11	egister ou	Agent		7
	ien, gregory r U.S. Highway one, ste. 400			Street Address (	P.O. Box Num	ber is	Not Acceptable	)	<del>-</del>		+
	TH PALM BEACH FL 33408							· <b></b>			-
				City					Zip Coo		-
<u> </u>					FL Zip Code					_	
	named entity submits this statement for th ons of registered agent.	ie purpose of changing its re	egister	ea office or register	ed agent, or t	ootn, in	i the State of Fio	rida. I am	tamiliar with,	, апо ассерт	
SIGNATURE _	Signature, typed or printed name of registered agent and	title if continoble /NOTE:	Pegintoro	d Agent signature required	when reinstating)			DATE			ļ
-	Signature, typed or printed frame or registered agent the r			FEE IS \$50.00	with the state of						1
હ		Make Check Payable			nt of State						
		Due	Ву М	ay 1, 2003							
9.	MANAGING MEMBERS	i	10.				ADDITIONS/	CHANGES		☐ Addition	୍ର ⊲
TITLE NAME	COHEN, FRED C	☐ Delete	TITL NAM		e		erriche annual erroche		☐ Change	☐ Addition	R2E083 (10/02)
STREET ADDRESS	712 US HWY ONE		STR	EET ADDRESS	1311 105717	900018955409 05/14/0301071007 **1350.00				വർ	8
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY	-ST-ZIP	00715	#/ U.S		- 100			없
TITLE	MGRM COUEN MYDNA	☐ Delete	TITL	1					☐ Change	Addition	(8
NAME STREET ADDRESS	COHEN, MYRNA 712 US HWY ONE		NAM STR	EET ADDRESS							{
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			-ST-ZIP							1
TITLE	MGRM	☐ Delete	TITL	E	" <del>"</del>				☐ Change	Addition	1
NAME	COHEN, GREGORY R	,	NAM								
STREET ADDRESS CITY-ST-ZIP	712 US HWY ONE			EET ADDRESS -ST-ZIP							
TITLE	NORTH PALM BEACH FL 33408 MGRM	□ Delete	TITU	<del></del>					☐ Change	Addition	4
NAME	COHEN, TODD J	∟ ∪elete	NAM						Griange	L Naomon	
STREET ADDRESS	712 US HWY ONE		STRE	ET ADDRESS							
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY	-ST-ZIP						<u></u>	4
TITLE	MGRM	Delete	TITL	i					Change	☐ Addition	
NAME STREET ADDRESS	COHEN, BRYAN S 712 US HWY ONE		NAM	E EET ADDRESS							1
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			-ST-ZIP							1
TITLE	TOTAL PROPERTY OF THE CONTROL	☐ Delete	TITL	1 //					Change	Addition	1
NAME		1	NAM	/ / / /							
STREET ADDRESS CITY-ST-ZIP		$\sim 1$	SUM	ET ADDRESS							
11 Lhereby c	ertify that the information supplied with thi on this report is true and accurate and the pility company or the receiver of trustee en	s filing does not qualify for to the signature shall have the movered to see this see	ke eke e same	motion stated in Se degal effect as if m	ction 119.07(3 nade under oa er 608. Florid	3)(i), Fl th; tha	lorida Statutes. I at I am a manag	further cer ing membe	rtify that the i er or manage	information er of the	-
		2011	M	10	, , , , , , , , , , , , , , , , ,		<del></del>				

Date