

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 028 ****50.00

DOCUMENT # L01000022174

1. Entity Name

COHEN REAL PROPERTY LLC

DO NOT WRITE IN THIS SPACE

B0123172

2. Principal Place of Business

3. Mailing Address

13678 CROSS POINT DR SO LEOGEWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For

PALM BEACH GARDENS FL

FRAMINGHAM MA

03-0415308

33418

PR

01701

MA

7. Name and Address of Current Registered Agent

Name

ABRAHAM MONA SSK KAYE SCHULZ LLP

Street Address (P.O. Box Number is Not Acceptable)

**DO NOT WRITE
IN THIS SPACE**

7775. FLAGLER ON #900 W

City

WEST PALM BEACH

FL

Zip Code

33401

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BRUCE E. COHEN
50 LEOGEWOOD RD
FRAMINGHAM MA 01701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HEIDI RIZUMNA
5 HUBBARD RD
WESTON MA 02493

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LOUISE LEVY
532 TALL OAKS TERR.
LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BRUCE E. COHEN 4/5/02 677421970

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

Date

Daytime Phone #

CR2E083B (12/01)