

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022177

Entity Name: COHEN-ST. CLOUD, LLC

FILED  
Feb 07, 2012  
Secretary of State

## Current Principal Place of Business:

150 BRADLEY PL  
TWR N.  
PALM BEACH, FL 33480 US

## New Principal Place of Business:

327 ARABIAN RD  
PALM BEACH, FL 33480 US

## Current Mailing Address:

150 BRADLEY PL  
TWR N.  
PALM BEACH, L 33480 US

## New Mailing Address:

327 ARABIAN RD  
PALM BEACH, FL 33480 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COHEN, STANLEY M MGR  
150 BRADLEY PLACE.  
TWR N.  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

COHEN, STANLEY M MGR  
327 ARABIAN RD  
PALM BEACH, FL 33480 US

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:

02/07/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: COHEN, STANLEY M  
Address: 327 ARABIAN RD  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGR  
Name: COHEN, ELAINE  
Address: 327 ARABIAN RD  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGR  
Name: COHEN, STANLEY  
Address: 327 ARABIAN RD  
City-St-Zip: PALM BEACH, L 33480 US

Title: MGR  
Name: COHEN, STANLEY  
Address: 327 ARABIAN RD  
City-St-Zip: PALM BEACH, L 33480 US

Title: MGR  
Name: COHEN, STANLEY  
Address: 327 ARABIAN RD  
City-St-Zip: PALM BEACH, LF 33480 US

Title: MR  
Name: COHEN, STANLEY  
Address: 327 ARABIAN RD  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SMC

MGR

02/07/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date