

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012515

Entity Name: COHER & COHER, LLC

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

8745 SW 109 STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8745 SW 109 STREET  
MIAMI, FL 33176

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

DUNKLEY, LINDSAY  
717 PONCE DE LEON BLVD  
310  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

DUNKLEY, LINDSAY  
14100 PALMETTO FRONTAGE RD  
201  
MIAMI LAKES, FL 33016 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: \_\_\_\_\_ 04/18/2006  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ATALA, FARESH M  
Address: 8745 SW 109 SREET  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: ATALA, MARIA  
Address: 8745 SW 109 STREET  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: FARESH ATALA                      MGR                      04/18/2006  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date