

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014523

Entity Name: MICHAEL F. COHEN, PH.D., L.L.C.

FILED  
Jan 07, 2005  
Secretary of State

## Current Principal Place of Business:

5338 FIRST AVENUE NORTH  
ST.PETERSBURG, FL 33710

## New Principal Place of Business:

535 CENTRAL AVENUE  
SUITE 300  
ST.PETERSBURG, FL 33701

## Current Mailing Address:

5338 FIRST AVENUE NORTH  
ST.PETERSBURG, FL 33710

## New Mailing Address:

535 CENTRAL AVENUE  
SUITE 300  
ST.PETERSBURG, FL 33701

FEI Number: 06-1683981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, MICHAEL F PHD  
5338 FIRST AVE., NORTH  
SAINT PETERSBURG, FL 33710 US

## Name and Address of New Registered Agent:

COHEN, MICHAEL F PHD  
535 CENTRAL AVENUE  
SUITE 300  
SAINT PETERSBURG, FL 33701 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:

01/07/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: COHEN, MICHAEL F  
Address: 5338 FIRST AVE., NORTH  
City-St-Zip: ST. PETERSBURG, FL 32710

Title: MGR ( ) Delete  
Name: COHEN, URENE C  
Address: 5338 FIRST AVE., NORTH  
City-St-Zip: ST. PETERSBURG, FL 32710

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COHEN, MICHAEL F  
Address: 535 CENTRAL AVENUE, SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 32701

Title: MGR (X) Change ( ) Addition  
Name: COHEN, IRENE C  
Address: 535 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL F. COHEN, PH.D.

MGR.

01/07/2005

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