

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017176

Entity Name: 219 MOHAWK LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE
SUITE 900
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE
SUITE 900
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 42-1572086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, KEITH B ESQ.
222 LAKEVIEW AVE. SUITE 950
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COHEN, LOUIS M
Address: 505 S. FLAGGER DR. SUITE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: COHEN, DEBRA C
Address: 505 S. FLAGLER DR. SUITE 900
City-St-Zip: WEST PALM BEACH, FL 33401

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 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: LOUIS M COHEN

MGRM

04/26/2005

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