FILED
May 05, 2003 8:00 am
Secretary of State
04-07-2003 90609 003 ****50.00
05-05-2003 92180 016 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30069635

DOCUMENT # L02000020830

1. Entity Name
COHEN PLANTATION ASSOCIATES, LLC

Principal Place of Business	Mailing Address
C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017	C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 10 th floor	Suite, Apt. #, etc. 10 th floor
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 35-2177790 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BAER, RICHARD
7100-39 FAIRWAY DRIVE, #184
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
Name BAER, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] RICHARD BAER 4/29/3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS DUE ... Make Check Payable to Florida Department of State ... Due by May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COHEN, ANDREW 11 EAST 44TH STREET NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 4/29/3 561-775-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

RICHARD BAER