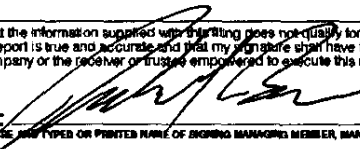


FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 90609 003 ****50.00

05-05-2003 92180 016 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020830			
1. Entity Name COHEN PLANTATION ASSOCIATES, LLC			
Principal Place of Business C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017		Mailing Address C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 10th floor		Suite, Apt. #, etc. 10th floor	
City & State		City & State	
Zip	Country	Zip	Country
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 X 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  RICHARD BAER 4/29/03 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when amending) DATE			
9. MANAGING MEMBERS/MANAGERS			
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	ADDITIONS/CHANGES ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE:  4/29/03 561-775-1300 Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #			

RICHARD BAER

CR2003 (10/02)