

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025768

1. Entity Name
COHEN MARKET VENTURES, LLC



Principal Place of Business
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

Mailing Address
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408



03242004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1632405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COHEN, FRED C
STREET ADDRESS 712 US HWY ONE STE 400
CITY - ST - ZIP N PALM BEACH, FL 33408

TITLE MEM
NAME COHEN, BRYAN S
STREET ADDRESS 712 US HWY ONE STE 400
CITY - ST - ZIP N PALM BEACH, FL 33408

TITLE MEM
NAME COHEN, GREGORY R
STREET ADDRESS 712 US HWY ONE STE 400
CITY - ST - ZIP N PALM BEACH, FL 33408

TITLE MEM
NAME COHEN, TODD J
STREET ADDRESS 712 US HWY ONE STE 400
CITY - ST - ZIP N PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000130053
04/26/04-80101-025 1200.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Fred C. Cohen 4/26/04 561/844-3600