

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025768

1. Entity Name
COHEN MARKET VENTURES, LLC



FILED

05 MAY -2 PM 2:09

SECRET
TALLAHASSEE, FLORIDA

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



01112005 No 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400054234014
05/10/05--01099--002 **1800.00

**DO NOT WRITE
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

4/13/05

Date

561.844.3600

Daytime Phone #