


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAY 10 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025768 1. Entity Name COHEN MARKET VENTURES, LLC	
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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
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1632405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**DO NOT WRITE
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, 2006**

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	

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05/25/06--01024--012 **750.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

5/17/06