

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 8:31

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



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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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**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 #

Frederick Cohen 4/16/08 5618443600

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