

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005807

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

**Entity Name:** WILLIAM D. COHEN, CPA, PLC

**Current Principal Place of Business:**

1330 NORTHWEST 22ND AVENUE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

520 NE 20TH AVE  
APT 702  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1330 NORTHWEST 22ND AVENUE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

2805 E OAKLAND PARK BLVD  
#203  
FORT LAUDERDALE, FL 33306

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, WILLIAM D  
1330 NORTHWEST 22ND AVENUE  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

COHEN, WILLIAM D  
2805 E OAKLAND PARK BLVD  
#203  
FORT LAUDERDALE, FL 33306 US

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.

SIGNATURE:

04/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: COHEN, WILLIAM D MR.  
Address: 2805 E. OAKLAND PARK BLVD. #203  
City-St-Zip: FT. LAUDERDALE, FL 33306 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM D. COHEN

MGRM

04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date