

FILED
Apr 30, 2008 8:00 am
Secretary of State


04-30-2008 90026 020 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

50005418



04242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000025982					
1. Entity Name COHEN NAPLES SOUTH ASSOCIATES, LLC					
Principal Place of Business 4400 PGA BLVD., STE. 305 PALM BEACH GARDENS, FL 33410			Mailing Address 4400 PGA BLVD., STE. 305 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1889471	
				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 BAER, RICHARD 4400 PGA BLVD., STE. 305 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name WENDY S. LINK, ESQ. Street Address (P.O. Box Number is Not Acceptable) Ackerman, Link & Sartory, P.A. 222 Lakeview Ave., Suite 1250 City West Palm Beach FL Zip Code 33401	
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 <u>Wendy S. Link</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/28/08</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, ANDREW J 9 EAST 40TH STREET 10TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>4/28/08</u> Daytime Phone # <u>212-803-5775</u>	