


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000000834</b>	
1. Entity Name <b>COURT STREET LLC</b>	
	
Principal Place of Business <b>505 SOUTH FLAGLER DRIVE 900 WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>505 SOUTH FLAGLER DRIVE 900 WEST PALM BEACH, FL 33401 US</b>



04102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0545160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>COHEN, LOUIS M C/O CDL 505 S FLAGLER DR #900 WEST PALM BEACH, FL 33401</b>
--

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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	<b>MGR COTTAGE DEVELOPMENT, LLC 505 SOUTH FLAGLER DRIVE, STE. 900 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOLDSMITH, C. GERALD 285 COLONIAL LANE PALM BEACH, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000321667  
05/15/08-80016-003 138.75

**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:**

*Jerome Foka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/22/08*

Date

*(561) 832-9292*

Daytime Phone #