
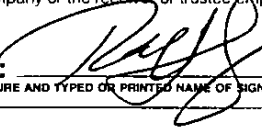


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90035 002 ****50.00

DOCUMENT # L04000036846					
1. Entity Name COHEN FASHION BOCA, LLC					
Principal Place of Business 2401 SO. OCEAN DRIVE, APT. 2007 HOLLYWOOD, FL 33019			Mailing Address 2401 SO. OCEAN DRIVE, APT. 2007 HOLLYWOOD, FL 33019		
2. Principal Place of Business 6000 GLADES ROAD Suite, Apt. #, etc. 1040		3. Mailing Address 6000 GLADES ROAD Suite, Apt. #, etc. 1040			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 27-0090779	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAND, MARK S ESQ. 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME COHEN, JEAN STREET ADDRESS 2401 SO. OCEAN DRIVE, APT. 2007 CITY - ST - ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 10354 Lexington Estates Boca Raton, FL 33428 CITY - ST - ZIP		
TITLE MGR NAME COHEN, ROBERT STREET ADDRESS 2401 SO. OCEAN DRIVE, APT. 2007 CITY - ST - ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 10354 Lexington Estates Boca Raton, FL 33428 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date <u>7/29/05</u> Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					