

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009182

Entity Name: GAIL S. COHEN, LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

1239 OCEANSHORE BLVD., UNIT 12B2
ORMOND BEACH, FL 32178

New Principal Place of Business:

1239 OCEANSHORE BLVD., UNIT 12B2
ORMOND BEACH, FL 32176

Current Mailing Address:

1239 OCEANSHORE BLVD., UNIT 12B2
ORMOND BEACH, FL 32178

New Mailing Address:

1239 OCEANSHORE BLVD., UNIT 12B2
ORMOND BEACH, FL 32176

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, RANDOM R
1800 W. INTERNATIONAL SPEEDWAY BLVD
SUITE 201, BLDG 2
DAYTONA BEACH, FL 321141243 US

Name and Address of New Registered Agent:

BURNETT, RANDOM R
1825 BUSINESS PARK BOULEVARD
SUITE A
DAYTONA BEACH, FL 321141261 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:

01/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, GAIL S TRUSTEE
Address: 1239 OCEANSHORE BLVD., UNIT 12B2
City-St-Zip: ORMOND BEACH, FL 32178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, GAIL S TRUSTEE
Address: 1239 OCEANSHORE BLVD., UNIT 12B2
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GAIL S. COHEN

MGRM

01/18/2007

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