

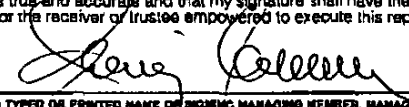
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MAHONEY COHEN CO

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90044 006 ****55.00

DOCUMENT # L05000032592			
1. Entity Name IMA INVESTMENTS, LLC			
Principal Place of Business 1801 COLLINS AVENUE MIAMI BEACH, FL 33139		Mailing Address 1801 COLLINS AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address 3725 So. OCEAN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #718	
City & State		City & State HOLLYWOOD FL	
Zip	Country	Zip	Country
33019	USA	33019	USA
4. Name and Address of Current Registered Agent HEIDT, MICHAEL 4000 HOLLYWOOD BLVD., SUITE 375 SOUTH HOLLYWOOD, FL 33021		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRVING COWAN managing member 3725 So. Ocean Dr. Hollywood FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date: 7/10/06 9544588998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	