2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L05000044879

Entity Name: LAW OFFICE OF COHEN AND STORIE, PLLC

Current Principal Place of Business:

1920 NORTH ORANGE AVE
SUITE 102
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1920 NORTH ORANGE AVE
SUITE 102
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 33-1121802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STORIE, ANDREW G
1920 NORTH ORANGE AVE
SUITE 102
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STORIE, ANDREW G
Address: 1920 NORTH ORANGE AVE, SUITE 102
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM ( ) Delete
Name: COHEN, COREY I
Address: 1920 NORTH ORANGE AVE, SUITE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW STORIE MGRM 03/10/2008

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