

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051867

FILED
Apr 05, 2006
Secretary of State

Entity Name: BERNARD COHEN TECHNOLOGY, LLC

Current Principal Place of Business:

1 GROVE ISLE DRIVE, SUITE 1205
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

1 GROVE ISLE DRIVE, SUITE 1205
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-2901097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, ALAN R
9400 S. DADELAND BLVD., SUITE 600
MIAMI, FL 33156 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: COHEN, BERNARD H MD
Address: 1 GROVE ISLE DRIVE, APT 1205
City-St-Zip: MIAMI, FL 33133 US

Title: PS () Change (X) Addition
Name: COHEN, BERNARD H MD
Address: 1 GROVE ISLE DRIVE, APT 1205
City-St-Zip: MIAMI, FL 33133 US

Title: VT () Change (X) Addition
Name: COHEN, VICTORIA
Address: 1GROVE ISLE DRIVE, APT 1205
City-St-Zip: MIAMI, FL 33133 US

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: BERNARD H. COHEN, M.D. MGR 04/05/2006

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