

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 25, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L05000051867



1. Entity Name  
BERNARD COHEN TECHNOLOGY, LLC

Principal Place of Business Mailing Address  
1 GROVE ISLE DRIVE, SUITE 1205 1 GROVE ISLE DRIVE, SUITE 1205  
MIAMI FL 33133 MIAMI FL 33133



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 20-2901097 Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHASE, ALAN R  
9400 S. DADELAND BLVD., SUITE 600  
MIAMI FL 33156

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 Signature, hand or printed name of registered agent on state filing (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, BERNARD H MD <input type="checkbox"/> Delete 1 GROVE ISLE DRIVE, APT 1205 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS COHEN, BERNARD H MD <input type="checkbox"/> Delete 1 GROVE ISLE DRIVE, APT 1205 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT COHEN, VICTORIA <input type="checkbox"/> Delete 1 GROVE ISLE DRIVE, APT 1205 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000838181 03/05/08-80020-022 138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #