

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092432

Entity Name: CITIES VENTURES, LLC

FILED  
May 03, 2010  
Secretary of State

**Current Principal Place of Business:**

4805 QUEEN PALM LANE  
TAMARAC, FL 33319

**New Principal Place of Business:**

5063 MADISON LAKES CIRCLE W  
DAVIE, FL 33328

**Current Mailing Address:**

4805 QUEEN PALM LANE  
TAMARAC, FL 33319

**New Mailing Address:**

5063 MADISON LAKES CIRCLE W  
DAVIE, FL 33328

FEI Number: 20-3498494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT LAUDERDALE, FL 33309 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COHEN, STANLEY  
Address: 5063 MADISON LAKES CIRCLE W  
City-St-Zip: DAVIE, FL 33328

Title: MGR  
Name: COHEN, RITA  
Address: 5063 MADISON LAKES CIRCLE W  
City-St-Zip: DAVIE, FL 33328

I hereby 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: STANLEY COHEN

M

05/03/2010

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