

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120761

FILED  
Aug 03, 2006  
Secretary of State

**Entity Name:** NELSON COHEN ENTERPRISES, LLC

**Current Principal Place of Business:**

5610 TERRAIN DE GOLF DRIVE  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

5610 TERRAIN DE GOLF DRIVE  
LUTZ, FL 33558 US

**New Mailing Address:**

FEI Number: 20-3964019      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:**

NELSON, PRISCILLA  
5610 TERRAIN DE GOLF DRIVE  
LUTZ, FL 33558 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: MGRM ( ) Delete  
Name: COHEN, EDWARD  
Address: 5610 TERRAIN DE GOLF DRIVE  
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM ( ) Delete  
Name: NELSON, PRISCILLA  
Address: 5610 TERRAIN DE GOLF DRIVE  
City-St-Zip: LUTZ, FL 33558 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 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: PRISCILLA NELSON

MGRM

08/03/2006

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