2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000120761

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:

502 NEPTUNE AVENUE
ENCINITAS, CA 92024 US

FEI Number: 20-3964019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, PRISCILLA
5610 TERRAIN DE GOLF DRIVE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

NELSON, PRISCILLA
502 NEPTUNE AVENUE
ENCINITAS, FL 92024 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: 04/29/2009
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: MGRM (X) Change ( ) Addition
Name: COHEN, EDWARD
Address: 502 NEPTUNE AVENUE
City-St-Zip: ENCINITAS, CA 92024 US

Title: MGRM (X) Change ( ) Addition
Name: NELSON, PRISCILLA
Address: 502 NEPTUNE AVENUE
City-St-Zip: ENCINITAS, CA 92024 US

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: PRISCILLA D.NELSON MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date