

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105428

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** LESLIE H. COHEN AND ROBYN L. COHEN LLC.

**Current Principal Place of Business:**

8095 STEEPLECHASE DRIVE  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

8095 STEEPLECHASE DRIVE  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

**FEI Number:** 42-1715541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, LESLIE H  
8095 STEEPLECHASE DRIVE  
PALM BEACH GARDENS, FL 33418 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:

**ADDITIONS/CHANGES:**

Title: MRS ( ) Change (X) Addition  
Name: COHEN, ROBYN L  
Address: 8095 STEEPLECHASE DRIVE  
City-St-Zip: PBG, FL 33418

Title: DR. ( ) Change (X) Addition  
Name: COHEN, LESLIE H  
Address: 8095 STEEPLECHASE DRIVE  
City-St-Zip: PBG, FL 33418

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:** ROBYN COHEN

MRS.

01/08/2007

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