2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# L06000113266

Entity Name: COHEN WAY, LLC

Current Principal Place of Business:

1757 N EAST AVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1757 N EAST AVE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, MICHAEL
1757 N EAST AVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

SOUZA, ANTONE
1757 N EAST AVE
SARASOTA, FL 34234 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: ANTONE SOUZA 02/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JACOBSON, MICHAEL
Address: 7768 AROLLA PINE
City-St-Zip: SARASOTA, FL 34240

Title: MGR ( ) Delete
Name: LEACH, BROCK
Address: 5315 HIDDEN HARBOR ROAD
City-St-Zip: SARASOTA, FL 34242

Title: MGR ( ) Delete
Name: RIPLEY, ROBERT
Address: 5018 HIGEL AVENUE
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOUZA, ANTONE
Address: 1757 N. EAST AVE
City-St-Zip: SARASOTA, FL 34234

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 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: AMY KERN CFO 02/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date