

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113614

Entity Name: COHENDOWNS, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6800 NERVIA STREET  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

6800 NERVIA STREET  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-5943677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELAND, RUSSIN & BUDWICK, P.A.  
3000 WACHOVIA FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 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: MGR  
Name: COHEN, PETER  
Address: 6800 NERVIA STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: DOWNS, CHARLES  
Address: 200 SOUTH BISCAYNE BLVD., SUITE 1150  
City-St-Zip: MIAMI, FL 33131

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: PETER COHEN

MGR

01/04/2012

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