2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2007 8:00 am Secretary of State

DOCUMENT # L06000122163 1. Entity Name COHENHEADS INVESTMENTS, LLC						05-08-2007 90111 009 ****50.00					
Principal Plac	ce of Business	Mailing Address		·							
2480 NW 41 STREET BOCA RATON, FL 33431		2480 NW 41 STREET BOCA RATON, FL 33431									
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		04302007	Chg-LLC	CR2E	083 (12/06)				
City & State		City & State		4. FEI Numbe	f			oplied For ot Applicable			
Zip	Country	Zip	Count	try	5. Certificate of Status Desired			\$5.00 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		Maria	7. Name and	Address of New R	egistered	Agent			
COHEN, E	DAN N			Name							
	41 STREET TON, FL 33431	Street A		Street Address (P.O. Box Numbe	r is Not Acceptable	· 				
				City	·			Zip Cod			
4 T 1	A Ale I to III					FL	- `				
the obligat	enamed entity submits this statement for tions of registered agent.	the purpose of changing its r	registere	ed office or register	red agent, or both	n, in the State of Flo	rida. Iam	familiar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered	1 Agent signature required	d when reinstating)		OATE				
Filing Fee is \$50.00 Due by May 1, 2007								ayable to			
	ue by May 1, 2007				200 de 1	The second secon	Departin	ient of Stat			
9.	MANAGING MEMBER		10.		N. PERSONAL PROPERTY OF THE PR	The second secon	4034.6				
9.	MANAGING MEMBER	RS/MANAGERS	TITLE	l l		Mental III	4034.6		Addition		
9.	MANAGING MEMBER		TITLE	l l	5. E. S.	Mental III	4034.6				
9. TITLE NAME	MANAGING MEMBER MGRM COHEN, DAN N		TITLE NAME STREE	:	S. Escale	Mental III	4034.6				
9. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	MANAGING MEMBER MGRM COHEN, DAN N 2480 NW 41 STREET		TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	17.62.638	Mental III	4034.6				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	,	Date	Deytime Phone #
SIGNATURE: Da Lol DAN N. OUL EN	4/30	107	561-988-5556