FILED
May 03, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001196

1. Entity Name
COH, L.L.C.

Principal Place of Business	Mailing Address
110 NORTH BEACH ROAD HOBE SOUND, FL 33455	51 REEDER LANE NEW CANAAN, CT 06840-3009

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC CR2E053 (10/03)

4. FEI Number
31-1655214

Applied For
Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000153192
05/04/04-80117-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CRUGER, CECILIE
STREET ADDRESS	51 REEDER LANE
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	MGRM
NAME	HAMILTON, FRANK T III
STREET ADDRESS	5070 DRAKE ROAD
CITY-ST-ZIP	CINCINNATI, OH 45243
TITLE	MGRM
NAME	OTT, PAULA
STREET ADDRESS	4325 WILLOW HILLS LANE
CITY-ST-ZIP	CINCINNATI, OH 45243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.

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SIGNATURE: Cecilie H. Cruger 4-29-04 96-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Bayerische Privatbank