

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001196**

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



Principal Place of Business  
110 NORTH BEACH ROAD  
HOBE SOUND, FL 33455

Mailing Address  
51 REEDER LANE  
NEW CANAAN, CT 06840-3009



03202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1655214

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000477894  
04/07/06-80008-013 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CRUGER, CECILIE  
51 REEDER LANE  
NEW CANAAN, CT 06840

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAMILTON, FRANK T III  
5070 DRAKE ROAD  
CINCINNATI, OH 45243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
OTT, PAULA  
4325 WILLOW HILLS LANE  
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 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 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 600, Florida Statutes.

**SIGNATURE:**

*Frank T. Hamilton III*

3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #