

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007519

Entity Name: SOFOS CAPITAL, L.L.C.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

343 ALCAZAR AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

343 ALCAZAR AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0673657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, JAMES C ESQ
CATLIN SAXON EVANS FINK & KOLSKI, P.A.
169 E. FLAGLER ST., 17TH FL
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/MEMBERS:

Title: MGR () Delete
Name: FRANCES, JOAQUIN
Address: 101 CRANDON BOULEVARD, #264
City-St-Zip: KEY BISCAVNE, FL 33149

Title: MGR () Delete
Name: JIMENEZ, ALEJANDRO
Address: 101 CRANDON BOULEVARD, #264
City-St-Zip: KEY BISCAVNE, FL 33149

Title: MGR () Delete
Name: TAULATS, ORIOL
Address: 101 CRANDON BOULEVARD, #264
City-St-Zip: KEY BISCAVNE, FL 33149

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRANCES, JOAQUIN
Address: 137 HARBOR DRIVE
City-St-Zip: KEY BISCAVNE, FL 33149

Title: MGR (X) Change () Addition
Name: JIMENEZ, ALEJANDRO
Address: 710 CURTISWOOD DR.
City-St-Zip: KEY BISCAVNE, FL 33149

Title: MGR (X) Change () Addition
Name: TAULATS, ORIOL
Address: 201 CRANDON BLVD. #302
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORIOL TAULATS

MGR

01/05/2004

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