


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90131 020 ****50.00

DOCUMENT # L03000016081 1. Entity Name SOTO/WESTCHESTER, LLC	
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Principal Place of Business 161 WASHINGTON AVENUE MIAMI BEACH FL 33139	Mailing Address 161 WASHINGTON AVENUE MIAMI BEACH FL 33139
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2. Principal Place of Business <i>161 Washington Ave</i> Suite, Apt. #, etc. <i>Suite 200</i>	3. Mailing Address <i>same as above</i> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State <i>Miami Beach, FL</i>	City & State	Zip <i>33139</i>	Country <i>usa</i>
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4. FEI Number 74-3090562	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ. C/O THERREL BAIDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, RAFAEL A		NAME	
STREET ADDRESS	2101 N. BAY ROAD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, MARIA T		NAME	
STREET ADDRESS	2101 N. BAY ROAD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, LOURDES		NAME	
STREET ADDRESS	2101 N. BAY ROAD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

SIGNATURE: *Lourdes Soto*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/05 *(305) 532-9074*
 Date Daytime Phone #