

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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

03-25-2005 90132 026 \*\*\*\*50.00



**DOCUMENT # L03000016086**

1. Entity Name

SOTO/BLEAU FONTAINE, LLC

Principal Place of Business

161 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

Mailing Address

161 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139



2. Principal Place of Business

161 Washington Ave

Suite, Apt. #, etc.  
 Suite 200

City & State  
 Miami Beach, FL

Zip  
 33139

Country  
 USA

3. Mailing Address

same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

74-3090545

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.  
 C/O THERREL BAISDEN, P.A.  
 ONE S.E. 3RD AVE., SUITE 2400  
 MIAMI FL 33131

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

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

(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

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

(305)  
 532-  
 9074