

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046606

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SOPHIE'S CHOICE-4, L.L.C.

**Current Principal Place of Business:**

504 ROYAL PALM AVE.  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

504 ROYAL PALM AVE.  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 20-1290326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RARICK, PHILLIP B  
6500 COWPEN ROAD  
SUITE 204  
MIAMI LAKES, FL 33014 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: RARICK, PHILLIP B  
Address: 6500 COWPEN ROAD SUITE 204  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: RUIZ, JUAN  
Address: 1612 BLUE JAY CIRCLE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILLIP B. RARICK

MGR

04/28/2008

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