
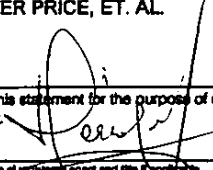



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2008 SEP 23 P 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | |
|--|---|---|---|---|
| DOCUMENT # L05000117975 | | | |  |
| 1. Entity Name SONSCA, LLC | | | | |
| Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134 | | Mailing Address 2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | |
| JOSE ANTONIO DI MARCO 2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134 | | 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  | | DATE | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice. | | |
| | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANTONIO DI MARCO, JOSE 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900136248399 09/23/08--01020--003 **138 75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZAMBELLI, CELIDE 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 606, Florida Statutes. | | | | |
| SIGNATURE:  | | Date | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # | | |

