2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055794

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

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Entity Name: SOTO'S INVESTMENTS, LLC.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13300-56 S. CLEVLAND AVE. STE 143 FT. MEYERS, FL 33907 **New Mailing Address: Current Mailing Address:** 13300-56 S. CLEVLAND AVE. **STE 143** FT. MEYERS, FL 33907 FEI Number: 20-2956380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD. TALLAHASSEE, FL 32301 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SOTO, RICHARD Name: Name: 13300-56 STE. 143 S. CLEVLAND AVE. Address: Address: City-St-Zip: FT. MEYERS, FL 33907 US City-St-Zip: Title: Title: MGRM () Change (X) Addition () Delete GUADALUPE, SOTO Name: Name: Address: Address: 4312 3RD ST SW City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 US Title: () Delete Title: MGRM () Change (X) Addition

Name: Name: ROSA, MATA 3102 2ND ST SW Address: Address: City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 US Title: () Delete Title: MGRM () Change (X) Addition FRANSICO, MATA Name: Name: Address: Address: 3102 2ND ST SW LEHIGH ACRES, FL 33971 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FERNANDO, SOTO

MGRM

MGRM

SALLY, SOTO

14501 WOODLAND NEST CT.

14501 WOODLAND NEST CT.

FORT MYERS, FL 33912 US

() Change (X) Addition

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FORT MYERS, FL 33912 US

SIGNATURE: RICHARD SOTO MGR 01/23/2006