

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001172

1. Entity Name

SOHO INVESTMENTS, LLC



Principal Place of Business

3333 WEST KENNEDY BLVD., SUITE 206
TAMPA, FL 33609

Mailing Address

3333 WEST KENNEDY BLVD., SUITE 206
TAMPA, FL 33609



01202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3524659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W ESQ.
501 EAST KENNEDY BLVD., #1900
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2006

1100000412023
02/10/06-80031-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CURTIS, WILLIAM P
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CURTIS, ROBERT T
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRAUSE, THOMAS S
P.O. BOX 25531
TAMPA, FL 336225531

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: Will P. Ht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/23/06

8138756324

Date

Daytime Phone