


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 05, 2007 08:00 A
Secretary of State

| | | | |
|--|---|---|--|
| DOCUMENT # A03000000586 1. Entity Name SOTO ENTERPRISES, LTD. | |  | |
| Principal Place of Business 161 WASHINGTON AVENUE SUITE 200 MIAMI BEACH FL 33139 | | Mailing Address 161 WASHINGTON AVENUE SUITE 200 MIAMI BEACH FL 33139 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 54-2107357 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOTO, LOURDES ESQ. 161 WASHINGTON AVENUE MIAMI BEACH FL 33139 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small> | | | |
| FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | |
| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | P03000040682 SOTO GROUP, INC. 161 WASHINGTON AVENUE MIAMI BEACH FL 33139 | STREET ADDRESS CITY - ST - ZIP | U000000656461 03/14/07-80027-003 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
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| 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | |
| SIGNATURE: <i>Louder Soto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | 2/21/07 (305) 532-9074 Date Daytime Phone # | |

STAPLE CHECK HERE