# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001495

**Entity Name:** SOGIMA, LLC

| | |
|---|---|
| **Current Principal Place of Business:** | **New Principal Place of Business:** |
| 1900 SUNSET HARBOUR DR., APT 1115<br>MIAMI BEACH, FL 33139 | 2330 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33134 |
| **Current Mailing Address:** | **New Mailing Address:** |
| 1900 SUNSET HARBOUR DR., APT 1115<br>MIAMI BEACH, FL 33139 | 2330 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33134 |

FEI Number: 65-0995845      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:** |
| VISCONTI, FABIO<br>1900 SUNSET HARBOUR DR., APT 1115<br>MIAMI BEACH, FL 33139    US | VISCONTI, FABIO<br>1025 ALTON ROAD<br>508<br>MIAMI BEACH, FL 33139  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:  FABIO VISCONTI                                                  04/28/2005
_____
           Electronic Signature of Registered Agent                               Date

**MANAGING MEMBERS/MEMBERS:**                    **ADDITIONS/CHANGES:**

| | | | |
|---|---|---|---|
| Title: | MGR        ( ) Delete | Title: | MGR        (X) Change ( ) Addition |
| Name: | VISCONTI, FABIO | Name: | VISCONTI, FABIO |
| Address: | 1900 SUNSET HARBOUR DR., APT 1115 | Address: | 1025 ALTON ROAD APT 508 |
| City-St-Zip: | MIAMI BEACH, FL 33139 | City-St-Zip: | MIAMI BEACH, FL 33139 |
| Title: | ( ) Delete | Title: | MGR        ( ) Change  (X) Addition |
| Name: | | Name: | DI GIACOMO, RENATO |
| Address: | | Address: | 4800 PINE TREE DR APT 103 |
| City-St-Zip: | | City-St-Zip: | MIAMI BEACH, FL 33140 |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:  FABIO VISCONTI                                MGR                04/28/2005
_____
           Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date