2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000002902

1. Entity Name

SOULGI INVESTMENTS, L.L.C.



Principal Place of Business

Mailing Address

3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160

FILED Feb 23, 2006 08:00 AM Secretary of State



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1004286 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOULIAGUINE, EUGENI 3469 NE 169 STREET NORTH MIAMI BEACH, FL 33160

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| The above named entity submits this statement for the purpose of che the obligations of registered agent. | anging its registered office or registered agent, or bo | iti, In the State of Fiorida. I am familiar with, and accept |
|---|--|--|
| SIGNATURE | (NOTE. Registered Agent signature required when reinstating) | DATE |
| Filing Fee is \$50.00 Due by May 1, 2006 | | 900000445427 03/07/06-80045-014-50,00 |

| MANAGING MEMBERS/MANAGERS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SOKROVICHTCHOUK, RODION 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160 | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS | | |

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNO | TURE: | |
|---------------|-------|--|
| J (U 1 1 1 1 | ~ | |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIDNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/11/06

305-7759594

Daytme Phone