

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90032 014 \*\*\*\*50.00

**DOCUMENT # L00000015368**

1. Entity Name  
**SOHO HOLDINGS, LLC**



Principal Place of Business

**4620 N HALE AVE  
TAMPA, FL 33614**

Mailing Address

**% JAMES W. GOODWIN  
400 N. TAMPA ST., SUITE 2300  
TAMPA, FL 66302**

**DO NOT WRITE IN THIS SPACE**

05052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3686305**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 66302**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
OLMSTEAD, SHAUN  
3301 BAYSHORE BLVD  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_

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

*Shaun Olmstead*

*5/5/04*

*(813) 263-6323*

Date

Daytime Phone #