



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000002958 1. Entity Name THE MONROE OF SOHO, L.L.C.	
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Principal Place of Business 5401 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33611	Mailing Address 5401 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3701412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUBIO, MARK
5401 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33611**

**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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIO, MARK J 5401 DALE MABRY HWY. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDFINGER, ROBERT 5401 S DALE MABRY HWY TAMPA, FL 33611
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03/11/08-80038-018 138.75

**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 606, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____