


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003704 1. Entity Name SOHA LLC	
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Principal Place of Business 905 MARBLE DRIVE NAPLES, FL 34104 US	Mailing Address 905 MARBLE DRIVE NAPLES, FL 34104 US
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01162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0400113	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SONDERS, PETER 905 MARBLE DRIVE NAPLES, FL 34104

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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.

000000131074
01/24/05-80158-009 50.00

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VAN HAASZ, DETLEV 256 ST ANDREWS BLVD NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OHA, CHRISTINE 905 MARBLE DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SONDERS, PETER 905 MARBLE DRIVE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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)(f), 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: <u>Peter Sunders</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/20/05</u> <small>Date</small>	<u>234 430-0262</u> <small>Daytime Phone #</small>
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