

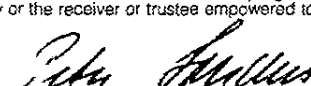


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L0206 704		
1. Entity Name SOHA LLC		
Principal Place of Business 905 MARBLE DRIVE NAPLES, FL 34104 US	Mailing Address 905 MARBLE DRIVE NAPLES, FL 34104 US	
DO NOT WRITE IN THIS SPACE		
		
		01222007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 03-0400113		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 SONDERS, PETER 905 MARBLE DRIVE NAPLES, FL 34104		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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 608, Florida Statutes.		
SIGNATURE: 		1/23/2007 (239) 430-0262
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>