


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000003704
 1. Entity Name
 SOHA LLC



Principal Place of Business Mailing Address
 905 MARBLE DRIVE 905 MARBLE DRIVE
 NAPLES, FL 34104 US NAPLES, FL 34104 US

DO NOT WRITE IN THIS SPACE



01132008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 03-0400113 | Applied For 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

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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.

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

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

000000786863
 01/17/08-80054-023 138.75

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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

SIGNATURE: *Peter Sonders* PETER SONDERS 1/13/2008 239-430-0262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #