


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90258 010 ***143.75

DOCUMENT # L02000011567	
1. Entity Name SOONERS L.L.C.	

Principal Place of Business 799 CRANDON BLVD UNIT 801 KEY BISCAVNE FL 33149	Mailing Address 2431 E 61ST ST SUITE 425 TULSA OK 74136
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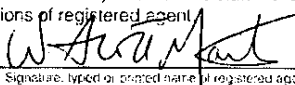


2. Principal Place of Business - No P.O. Box # 10295 Collins Ave	3. Mailing Address Unit #806
Suite, Apt. #, etc. Unit #806	Suite, Apt. #, etc.
City & State Bal Harbour FL	City & State
Zip 33154	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 02-0603375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, W. SCOTT 799 CRANDON BLVD UNIT 801 KEY BISCAVNE FL 33149	
7. Name and Address of New Registered Agent Name Martin, W. Scott Street Address (P.O. Box Number is Not Acceptable) 10295 Collins Ave Unit # 806 City Bal Harbour FL Zip Code 33154	

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.

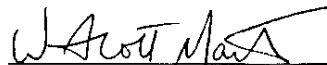
SIGNATURE  DATE **3/7/08**

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, W. SCOTT 215 AQUA TERRACE MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Martin, W. Scott 10295 Collins Ave Unit #806 Bal Harbour, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **3/7/08** **905-794-2491**

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