

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014010

**FILED**  
**Jan 17, 2006**  
**Secretary of State**

**Entity Name:** SOHN LAND HOLDINGS, L.L.C.

**Current Principal Place of Business:**

10301 HAGEN RANCH ROAD  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

13005 SOUTHERN BOULEVARD  
MEDICAL MALL 2 SUITE 211  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

10301 HAGEN RANCH ROAD  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

P. O. BOX 1143  
LOXAHATCHEE, FL 33470

FEI Number: 32-0021391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROTHMAN, LEE MAX ESQ  
LEE MAX ROTHMAN, P.A.  
2295 CORPORATE BOULEVARD, NW, SUITE 134  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOHN, CLIFFORD  
Address: 10301 HAGEN RANCH ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SOHN, CLIFFORD  
Address: 13005 SOUTHER BOULEVARD, SUITE 211  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATALIE SOHN, M.D.

PRES

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date