2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019246

1. Entity Name
SOHO, LLC

20031758

Principal Place of Business	Mailing Address
3120 PINE TREE DRIVE MIAMI BEACH, FL 33140 US	3120 PINE TREE DRIVE MIAMI BEACH, FL 33140 US

DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
02-0635243	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

GREEN, ADRIAN N
3120 PINE TREE DRIVE
MIAMI BEACH, FL 33140

HOFFMAN LEVY BENGIO + Co
2525 N STATE ROAD 7
SUITE 115
HOLLYWOOD, FL 33021

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
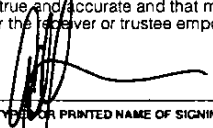
Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARROUKH, YVES
STREET ADDRESS	3120 PINE TREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	MGRM
NAME	GREEN, ADRIAN
STREET ADDRESS	3120 PINE TREE DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(i), 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: _____   3/18/05   786-395-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #