

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019246

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: SOHO, LLC

**Current Principal Place of Business:**

2136 NW 1ST AVE.  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2223  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 02-0635243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

GREEN, ADRIAN  
460 W 43 ST  
MIAMI BEACH, FL 33140 US

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: \_\_\_\_\_

02/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARROUKH, YVES  
Address: 5696 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM ( ) Delete  
Name: GREEN, ADRIAN  
Address: 3120 PINE TREE DR.  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARROUKH, YVES  
Address: 460 W 43 ST  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM (X) Change ( ) Addition  
Name: GREEN, ADRIAN  
Address: 460 W 43 ST  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify 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: ADRIAN GREEN

MGM

02/27/2008

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