

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023042

FILED
Jun 29, 2005
Secretary of State

Entity Name: SOBE AMERICA LLC

Current Principal Place of Business:

640 OCEAN DRIVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

640 OCEAN DRIVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 68-0531533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEINBERG, PAUL B
767 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 331403413 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARRIGHI, CATHERINE
Address: 960 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: GONZALES, CAMILLE
Address: 960 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: QUINN, GERRARD
Address: 640 OCEAN DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SHAREENA, QUINN
Address: 640 OCEAN DR
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GONZALES, CAMILLE P
Address: 960 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: QUINN, GERARD
Address: 640 OCEAN DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: QUINN, SHAREENA
Address: 640 OCEAN DR
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAMILLE GONZALES

MGRM

06/29/2005

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