


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90038 004 ****50.00

DOCUMENT # L02000032041	
1. Entity Name SOTURO LLC	

Principal Place of Business 4360 NORTHLAKE BLVD., STE. 203 PALM BEACH GARDENS, FL 33410	Mailing Address 4360 NORTHLAKE BLVD., STE. 203 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business Suite, Apt. #, etc. 4966 BONSAI CIRCLE, SUITE 200 City & State PALM BEACH GARDENS, FL Zip 33418 Country US	3. Mailing Address Suite, Apt. #, etc. 4966 BONSAI CIRCLE, SUITE 200 City & State PALM BEACH GARDENS, FL Zip 33418 Country US
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(L02000032041C)

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0435683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAKUBNOWSKI, WALDEMAR 4360 NORTHLAKE BLVD., STE. 203 PALM BEACH GARDENS, FL 33410	
7. Name and Address of New Registered Agent Name JAKUBOWSKI, WALDEMAR Street Address (P.O. Box Number is Not Acceptable) 4966 BONSAI CIRCLE, SUITE 200 City PALM BEACH GARDENS FL Zip Code 33418	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LUCZKOWIEC, ARTHUR 120 DAY LILY DR. JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1825 FLOWER DRIVE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JAKUBOWSKI, WALDEMAR 338 TURKEY RUN WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	340 OCTOBER STREET PALM BEACH GARDENS, FL 33410 <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
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
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
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

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:



04/19/05