


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001565 1. Entity Name SORISO LLC	
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Principal Place of Business C/O LAW OFFICES OF SALLY N. SAWH, P.A. 1054 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	Mailing Address C/O LAW OFFICES OF SALLY N. SAWH, P.A. 1054 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154
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**DO NOT WRITE IN THIS SPACE**

01252005No Chg-LLC      CR2E083 (10/03)

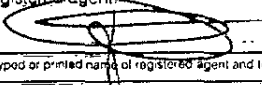
4. FEI Number 42-1603853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELLA CASA, PAOLO  
C/O LAW OFFICES OF SALLY N. SAWH, P.A.  
1054 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

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IN THIS SPACE**

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       02/15/05      DATE

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELLA CASA, PAOLO C/O 1054 KAN CONCOURSE BAY HARBOR ISLANDS, FL 33154
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02/22/05-80014-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       02/15/05      954-58-1680

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