


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000016082**

1. Entity Name  
**SOTO/HARDING, LLC**



Principal Place of Business <b>161 WASHINGTON AVE MIAMI BEACH FL 33139</b>	Mailing Address <b>161 WASHINGTON AVE MIAMI BEACH FL 33139</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**6. Name and Address of Current Registered Agent**

**FEUERMAN, JONATHAN ESQ  
THERREL BAISDEN, P.A.  
ONE SE 3RD AVE, STE 2400-SUNTRUST INTL CTR  
MIAMI FL 33131**

1st MOORE CR2E083 (10/05)

4. FEI Number **74-3090540** Applied For  Not Applied

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SOTO, RAFAEL A			NAME			
STREET ADDRESS	2101 N. BAY ROAD			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33140			CITY - ST - ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SOTO, MARIA T			NAME			
STREET ADDRESS	2101 N. BAY ROAD			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33140			CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SOTO, LOURDES			NAME			
STREET ADDRESS	2101 N. BAY ROAD			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33140			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

100000436268  Change  Add  
02/27/06-80030-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lourdes Soto* 1/30/06 305-532-90