

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

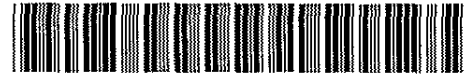
DOCUMENT # L03000016084



1. Entity Name
SOTO/WEST LAKE, LLC

Principal Place of Business
**161 WASHINGTON AVENUE
STE 200
MIAMI BEACH FL 33139**

Mailing Address
**161 WASHINGTON AVENUE
MIAMI BEACH FL 33139**



1st MOORE CR2E083 (10/06)

| | | | | | | |
|--|---------|---------------------|---------|--|--|--|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number 74-3090561 | | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ONE S.E. 3RD AVENUE, SUITE 2400 SUNTRUST INTERNATIONAL CENTER MIAMI FL 33131 | | 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, 2007

000000655086
03/13/07-80092-016 50.00

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P SOTO, RAFAEL A 2101 N. BAY ROAD MIAMI BEACH FL 33140 <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 | VPT SOTO, MARIA T 2101 N. BAY ROAD MIAMI BEACH FL 33140 <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 | S SOTO, LOURDES 2101 N. BAY ROAD MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: Loures Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(305)
2/21/07 532-9074