


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023245

1. Entity Name
SOLE, LLC



Principal Place of Business 629 POINCIANA FT. LAUDERDALE, FL 33301	Mailing Address 629 POINCIANA FT. LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0575903	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

**SANTARELLI, GIAN CARLO
 629 POINCIANA
 FT. LAUDERDALE, FL 33301**

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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 _____ 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, 2007**

U00000648359
 03/07/07-80006-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SENTREX ASSOCIATES, LTD 3529 W. MILLER ROAD GARLAND, TX 75041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANNINO, SALVATORE 327 COCONUT ISLE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOMBARDI, PIERO 10255 EPPING LANE DALLAS, TX 75229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **2-9-07** **214 340 7683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #