2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031469

1. Entity Name
SOSEVEN L.L.C.

Principal Place of Business	Mailing Address
1413 SUNSET HARBOUR DR., #604 MIAMI BEACH, FL 33139	1413 SUNSET HARBOUR DR., #604 MIAMI BEACH, FL 33139

05312005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2393319
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GAMMERMAN, SALOMAO JAKOB
1413 SUNSET HARBOUR DR., #604
MIAMI BEACH, FL 33139

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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 September 7, 2005

U00000368907
06/03/05-80002-001 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GAMMERMAN, SALOMAO JAKOB
STREET ADDRESS	1413 SUNSET HARBOUR DR., #604
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	GAMMERMAN, IEUDA
STREET ADDRESS	1413 SUNSET HARBOUR DR., #604
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	ALVARES DE MOURA, ORLANDO S
STREET ADDRESS	1413 SUNSET HARBOUR DR., #604
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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 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: _____ - SALOMÃO J. GAMMERMAN JUNE 1st 05 305 9840317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #