

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036121

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SOFA ENTERTAINMENT GROUP LLC

**Current Principal Place of Business:**

2100 SALZEDO STREET, SUITE 300  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

430 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

430 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 16-1684505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINARES, JULIAN  
Address: 1717 NORTH BAYSHORE DR., APT. 1055  
City-St-Zip: MIAMI, FL 33132

Title: MGR ( ) Delete  
Name: TELLEZ, CARLOS  
Address: 20155 NE 38TH COURT, # 1201  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: TELLEZ, CARLOS  
Address: 909 N. SOUTHLAKE DRIVE  
City-St-Zip: HOLLIWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS TELLEZ

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date