


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000054069	
1. Entity Name SOHA PROPERTIES, LLC	

Principal Place of Business 1090 ARBOR LANE JACKSONVILLE FL 32207	Mailing Address 1090 ARBOR LANE JACKSONVILLE FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOHA, MARY E 1090 ARBOR LANE JACKSONVILLE FL 32207		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 Mary E Soha MARY E SOHA 8-11-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
T TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOHA, WALTER M 1090 ARBOR LN JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000574536 08/17/06-80002-001 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOHA, MARY E 1090 ARBOR LN JACKSONVILLE FL 32207 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mary E Soha MARY E Soha, MD 8-11-06 493-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #