2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L04000066795

Entity Name: SOFA INVESTMENTS, LLC

Current Principal Place of Business:

999 PONCE DE LEON BOULEVARD
625
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BOULEVARD
625
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1601710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFF, JAMES
9130 S. DADELAND BOULEVARD
1609
MIAMI, FL 33156 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	APPELROUTH, STEWART	
Address:	999 PONCE DE LOEN BOULEVARD, SUITE 625	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	( ) Delete
Name:	SCHIFF, JAMES	
Address:	9130 S. DADELAND BOULEVARD	
City-St-Zip:	1609, FL 33156	
Title:	MGR	( ) Delete
Name:	FOWLER, CLIVE	
Address:	999 PONCE DE LEON BOULEVARD, SUITE 625	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	MGR	( ) Delete
Name:	OWENS, BRIAN	
Address:	999 PONCE DE LEON BOULEVARD, SUITE 625	
City-St-Zip:	CORAL GABLES, FL 33156	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEWART L APPELROUTH MGR 01/05/2005

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