
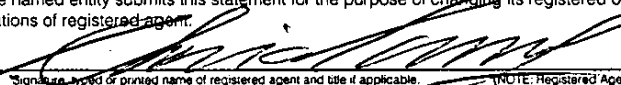
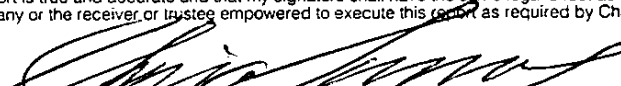


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90015 011 ****50.00

DOCUMENT # L04000067011			
1. Entity Name SOMA, LLC			
Principal Place of Business 10220 SW 20TH STREET DAVIE, FL 33324		Mailing Address 10220 SW 20TH STREET DAVIE, FL 33324	
2. Principal Place of Business 3949 E. HIBISCUS ST Suite, Apt. #, etc. WESTON, FL		3. Mailing Address P.O. BOX 551505 Suite, Apt. #, etc. DAVIE, FL 33355-1505	
City & State WESTON, FL 33332		City & State DAVIE, FL 33355	
Zip	Country	Zip	Country
		33355	BROWARD
4. FEI Number 55-0880643		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERIAN, SAMUEL 10220 SW 20TH STREET DAVIE, FL 33324		7. Name and Address of New Registered Agent Name Cherian Samuel Street Address (P.O. Box Number is Not Acceptable) 3949 E. Hibiscus St. City Weston FL Zip Code 33332	
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 4/6/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHERIAN, SAMUEL 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherian Samuel 3949 E Hibiscus St. Weston, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, SHIRLEY 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shirley Samuel 3949 E. Hibiscus St. Weston, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORADAL LIMITED PARTNERSHIP 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Toradal Limited Partnership 3949 E. Hibiscus St. Weston, FL 33332 <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
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
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
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: 		DATE 4/6/05 954 551 9507	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	