

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90030 008 ****50.00

DOCUMENT # L04000067011

1. Entity Name
SOMA, LLC



Principal Place of Business
**3949 E HIBISCUS ST
 WESTON, FL 33332 US**

Mailing Address
**PO BOX 551505
 WESTON, FL 33332-1505 US**



2. Principal Place of Business
1748 W. Oakland Park Blvd

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Oakland Park, FL

City & State
 Suite, Apt. #, etc.

City & State
Oakland Park, FL

City & State
 Suite, Apt. #, etc.

City & State
Oakland Park, FL

City & State
 Suite, Apt. #, etc.

01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0885643

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CHERIAN, SAMUEL
 3949 E HIBISCUS ST
 WESTON, FL 33332**

7. Name and Address of New Registered Agent

Name
Cherian Samuel

Street Address (P.O. Box Number is Not Acceptable)
11406 Canyon Maple Blvd

City
Davic

State
FL

Zip Code
33330

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 May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHERIAN, SAMUEL <input type="checkbox"/> Delete 3949 E HIBISCUS ST WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, SHIRLEY <input type="checkbox"/> Delete 3949 E HIBISCUS ST WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORADAL LIMITED PARTNERSHIP <input type="checkbox"/> Delete 3949 E HIBISCUS ST WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cherian Samuel 11406 Canyon Maple Blvd Davic, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shirley Samuel 11406 Canyon Maple Blvd Davic, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Toradal Limited Partnership 11406 Canyon Maple Blvd Davic, FL 33330
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"/> Change <input type="checkbox"/> Addition
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 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 *Cherian Samuel* Date 4/08/2006 Telephone 9544724257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE