
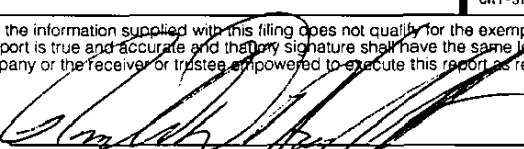


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90270 026 ****50.00

DOCUMENT # L04000087710					
1. Entity Name SOHO SOLUTIONS OF ORLANDO, LLC					
Principal Place of Business 3564 AVALON PARK BLVD E. SUITE 1 ORLANDO, FL 32828			Mailing Address 14132 TANJA KING BLVD ORLANDO, FL 32828		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOUSEWRIGHT, RONALD D 14132 TANJA KING BLVD ORLANDO, FL 32828				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR			TITLE	
NAME	HOUSEWRIGHT, RONALD D	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	14132 TANJA KING BLVD			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	
TITLE	MGRM			TITLE	
NAME	INGRAM, JENNIFER L	<input type="checkbox"/> Delete		NAME	MGRM Housewright, Jennifer L
STREET ADDRESS	14132 TANJA KING BLVD			STREET ADDRESS	14132 Tanja King Blvd
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	Orlando FL 32828
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				3/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	