


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000091673 1. Entity Name SOTRAGEN VENTURES LLC	
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Principal Place of Business P.O. BOX 15557 PETIONVILLE HAITI, XX	Mailing Address P.O. BOX 15557 PETIONVILLE HAITI, XX
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07282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0452231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 8, 2006**

U00000575690
08/30/06-80005-012 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, REYNOLD P.O. BOX 15557 PETIONVILLE, , HAITI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, NICOLE P.O. BOX 15557 PETIONVILLE, , HAITI
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IN THIS SPACE**

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: REYNOLD ROY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/31/2006 509-510-3395
Date Daytime Phone #