


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000013700 1. Entity Name SOG PARTNERS, LLC	
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Principal Place of Business 5401 S DALE MABRY HWY TAMPA, FL 33611 US	Mailing Address 5401 S DALE MABRY HWY TAMPA, FL 33611 US
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DO NOT WRITE IN THIS SPACE



02052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 43-2105914	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

**RUBIO, MARK J
5401 S DALE MABRY HWY
TAMPA, FL 33611**

**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 re-registering) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIO, MARK J 5401 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERN, ROBERT G 805 SOUTH ROME AVENUE TAMPA, FL 33608
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03/11/08-80038-020 138.75

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:  **2/26/08** **813-839-2138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #