
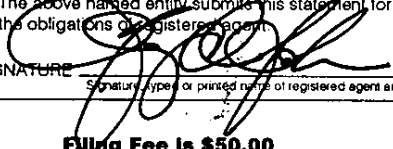
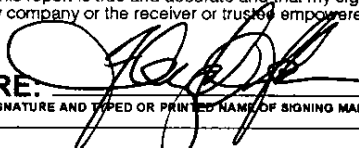


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90058 042 \*\*\*\*55.00

<b>DOCUMENT # L05000019318</b>					
1. Entity Name <b>SOHN REALTY GROUP, LLC</b>					
Principal Place of Business <b>12377 SOUTH CLEVELAND AVE. FORT MYERS, FL 33907</b>			Mailing Address <b>12377 SOUTH CLEVELAND AVE. FORT MYERS, FL 33907</b>		
2. Principal Place of Business <b>12377 S CLEVELAND AVE.</b>		3. Mailing Address <b>12377 S CLEVELAND AVE.</b>			
Suite, Apt. #, etc. <b>SUITE 14</b>		Suite, Apt. #, etc. <b>SUITE 14</b>			
City & State <b>FORT MYERS, FLORIDA</b>		City & State <b>FORT MYERS, FLORIDA</b>			
Zip <b>33907</b>		Country <b>US</b>		4. FEI Number <b>20-2486988</b>	
Zip <b>33907</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SOHN, FLOYD T 33 E. CAMINO REAL #806 BOCA RATON, FL 33432-6155</b>			7. Name and Address of New Registered Agent Name <b>SOHN, FLOYD T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12539 STONE TOWER LOOP</b> City <b>FORT MYERS</b> FL Zip Code <b>33913</b>		
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 the registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reconstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOHN, FLOYD T 33 E. CAMINO REAL #806 BOCA RATON, FL 334326155</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOHN, FLOYD T. 12539 STONE TOWER LOOP FORT MYERS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOHN, MICHAEL 3138 SUNSET ROAD FORT MYERS, FL 33901</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOHN, MICHAEL 8719 PASO DE VALENCIA FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date	
				Daytime Phone #	