

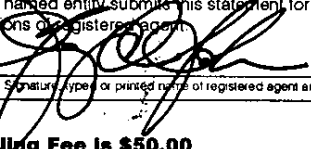
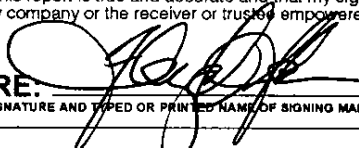


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000019318 1. Entity Name SOHN REALTY GROUP, LLC					
Principal Place of Business 12377 SOUTH CLEVELAND AVE. FORT MYERS, FL 33907			Mailing Address 12377 SOUTH CLEVELAND AVE. FORT MYERS, FL 33907		
2. Principal Place of Business 12377 S CLEVELAND AVE.		3. Mailing Address 12377 S CLEVELAND AVE.			
Suite, Apt. #, etc. SUITE 14		Suite, Apt. #, etc. SUITE 14			
City & State FORT MYERS, FLORIDA		City & State FORT MYERS, FLORIDA			
Zip 33907		Country US		01062006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2486988		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 SOHN, FLOYD T 33 E. CAMINO REAL #806 BOCA RATON, FL 33432-6155		7. Name and Address of New Registered Agent Name SOHN, FLOYD T. Street Address (P.O. Box Number is Not Acceptable) 12539 STONE TOWER LOOP City FORT MYERS FL Zip Code 33913			
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 reconstituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHN, FLOYD T 33 E. CAMINO REAL #806 BOCA RATON, FL 334326155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHN, MICHAEL 3138 SUNSET ROAD FORT MYERS, FL 33901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHN, MICHAEL 8719 PASO DE VALENCIA FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHN, MICHAEL 8719 PASO DE VALENCIA FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHN, MICHAEL 8719 PASO DE VALENCIA FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHN, MICHAEL 8719 PASO DE VALENCIA FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
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 #					