


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**


04-15-2008 90104 030 \*\*\*138.75

30003095

<b>DOCUMENT # L05000019840</b>	
1. Entity Name SOLE INVESTMENTS II, L.L.C.	

Principal Place of Business 1300 BEN FRANKLIN DRIVE, #405 SARASOTA, FL 34236	Mailing Address 1300 BEN FRANKLIN DRIVE, #405 SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>5 West 37th St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>4th Floor</i>
City & State	City & State <i>New York NY</i>
Zip	Zip <i>10018</i>
Country	Country <i>USA</i>

	
03312008	Chg-LLC
CR2E083 (12/06)	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HANAN, BENJAMIN R 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236	


7. Name and Address of New Registered Agent	
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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75</b>	<b>After May 1, 2008 Fee will be \$538.75</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VITTADINI, GIANLUIGI 1300 BEN FRANKLIN DRIVE, #405 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VITTADINI, GIANLUIGI 5 West 37th St 4th Fl New York NY 10018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	4/2/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			