

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019840

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** SOLE INVESTMENTS II, L.L.C.

**Current Principal Place of Business:**

1300 BEN FRANKLIN DRIVE, #405  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

5 W 37TH ST  
4TH FL  
NEW YORK, NY 10018

**New Mailing Address:**

FEI Number: 20-2611160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HANAN, BENJAMIN R  
240 S. PINEAPPLE AVENUE, 10TH FLOOR  
SARASOTA, FL 34236 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VITTADINI, GIANLUIGI  
Address: 1300 BEN FRANKLIN DRIVE, #405  
City-St-Zip: SARASOTA, FL 34236

Title: MGR ( ) Delete  
Name: VITTADINI, GIANLUIGI  
Address: 5 W 37TH ST 4TH FL  
City-St-Zip: NEW YORK, NY 10018

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIANLUIGI VITTADINI

MGR

07/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date