



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90260 021 ****50.00

DOCUMENT # L05000045087					
1. Entity Name SOBE PAINTBALL, LLC					
Principal Place of Business 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024			Mailing Address 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024		
2. Principal Place of Business P.O. BOX 350115 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 350115 Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 11-3759506	
Zip 33125		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENA, ISAAC 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name: <u>ELSIE NAVARRO</u> Street Address (P.O. Box Number is Not Acceptable): <u>121 NW 24 COURT</u> City: <u>Miami</u> FL Zip Code: <u>33125</u>		
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: <u>[Signature]</u> <u>ELSIE NAVARRO- Managing Member</u> 1/20/05 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
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 NAVARRO, FELIX J 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 350115 Miami FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAVARRO, ELSIE J 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELSIE NAVARRO P.O. BOX 350115 Miami FL 33125 <input checked="" 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
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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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
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: <u>[Signature]</u> <u>ELSIE NAVARRO- Managing Member</u> 1/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					