


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	
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Principal Place of Business 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024	Mailing Address 7910 N.W. 12 STREET PEMBROKE PINES, FL 33024
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2. Principal Place of Business P.O. BOX 350115 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 350115 Suite, Apt. #, etc.
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01062006 Chg-LLC CR2E083 (11/05)

City & State Miami FL	City & State Miami FL	4. FEI Number 11-3759506	Applied For Not Applicable
Zip 33125	Country USA	Zip 33125	Country USA

5. Certificate of Status Desired \$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: ELSIE NAVARRO
 Street Address (P.O. Box Number is Not Acceptable): 121 NW 24 COURT
 City: Miami FL Zip Code: 33125

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:  ELSIE NAVARRO - Managing Member 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	
NAME	NAVARRO, FELIX J	
STREET ADDRESS	7910 N.W. 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	MGRM	
NAME	NAVARRO, ELSIE J	
STREET ADDRESS	7910 N.W. 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P.O. BOX 350115		
NAME	MIAMI FL 33125		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ELSIE NAVARRO		
NAME	P.O. BOX 350115		
STREET ADDRESS	MIAMI FL 33125		
CITY-ST-ZIP			
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:  ELSIE NAVARRO - Managing Member 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #