## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077756

Entity Name: SOMO II, LLC

FILED Sep 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 TORTOISE WAY 851 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

625 TORTOISE WAY 851 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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:

PARRY, JAMES NEWTON, DAVID
625 TORTOISE WAY 851 LOGGERHEAD ISLA

625 TORTOISE WAY 851 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 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: DAVID NEWTON 09/07/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: PARRY, JAMES Name: NEWTON, DAVID

Address: 625 TORTOISE WAY Address: 851 LOGGERHEAD ISLAND DRIVE City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NEWTON, GEORGE
 Name:

 Address:
 851 LOGGERHEAD ISLAND DRIVE
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID NEWTON MGRM 09/07/2006