


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90029 007 \*\*\*138.75

DOCUMENT # L05000105212					
<b>1. Entity Name</b> SOCANA, LLC					
<b>Principal Place of Business</b> 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602			<b>Mailing Address</b> 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		
<b>2. Principal Place of Business - No P.O. Box #</b> 15120 HARBOUR ISLE DRIVE		<b>3. Mailing Address</b> 15120 HARBOUR ISLE DRIVE			
Suite, Apt. #, etc. # 802		Suite, Apt. #, etc. # 802			
City & State FORT MYERS, FL		City & State FORT MYERS, FL			
Zip 33908		Zip 33908		Country	
<b>4. FEI Number</b> NOT APPLICABLE					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name: VAN DER MERWE, DAVID Street Address (P.O. Box Number is Not Acceptable): 15120 HARBOUR ISLE DRIVE, #802 City: FORT MYERS FL Zip Code: 33908		
<b>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.</b> SIGNATURE: <u>David K. Grune, CPA</u> DATE: <u>4-30-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN DER MERWE, DAVID 201 N. FRANKLIN STREET SUITE 2000 TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M VAN DER MERWE, DAVID 15120 HARBOUR ISLE DRIVE, #802 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>David K. Grune, CPA Auth. Rep.</u>			Date: <u>4/30/08</u> Daytime Phone #: <u>716-862-4270</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					