2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115350

Entity Name: SOBIMPORTERS, LLC

FILED Mar 14, 2006 Secretary of State

() Change () Addition

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

Redacted pursuant to 119.071, F.S.

Current Mailing Address: New Mailing Address:

Redacted pursuant to 119.071, F.S.

Title:

MGR

(X) Delete

FEI Number: 20-3835581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCAMMOND, JAMIE MCAMMOND, JAMIE (JAMES)

Redacted pursuant to 119.071, F.S. Redacted pursuant to 119.071, F.S.

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: JAMIE (JAMES) MCAMMOND 03/14/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: MCAMMOND, JAMIE Name: MCAMMOND, JAMIE (JAMES)

Address: City-St-Zip: Redacted pursuant to 119.071, F.S. Address: City-St-Zip: Redacted pursuant to 119.071, F.S.

Title:

 Name:
 BAILEY, BRAIN
 Name:

 Address:
 15000 SOUTH FARMINGTON RD. #6
 Address:

 City-St-Zip:
 BEAVERTON, OR 97007
 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: JAMIE (JAMES) MCAMMOND MGRM 03/14/2006