## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 16, 2007 8:00 am Secretary of State 03-16-2007 90156 046 \*\*\*\*50.00 **DOCUMENT # L06000029863** 1. Entity Name SORTO INVESTMENT LLC 60024655 Principal Place of Business Mailing Address 1318 SW 82 AVENUE 1318 SW 82 AVENUE N LAUDERDALE, FL 33068 US N LAUDERDALE, FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 CR2E083 (12/06) City & State City & State 4. FEI Numbe Applied For ನ0~-Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SORTO, JOSE R Street Address (P.O. Box Number is Not Acceptable) 1318 SW 82 AVENUE N LAUDERDALE, FL 33068 City Zip Code 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 typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Defete TITLE ☐ Change ☐ Addition SORTO, JOSE R NAME NAME STREET ADDRESS 1318 SW 82 AVENUE STREET ADDRESS CITY-ST-ZIP N LAUDERDALE, FL 33068 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition SORTO, MARIA S NAME NAME STREET ADDRESS 1318SW 82 AVENUE STREET ADDRESS CITY-ST-7IP N LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE