## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000049081

Entity Name: SOTRI DEVELOPMENT CO, LLC

FILED Aug 28, 2007 Secretary of State

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

11243 SW11TH STREET 11243 SW11TH STREET PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33025

**Current Mailing Address: New Mailing Address:** 

11243 SW11TH STREET 11243 SW11TH STREET PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33025

FEI Number: 06-1812983 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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:

WILLIAMS, SONIA WILLIAMS, SONIA 11243 SW 11TH STREET 11243 SW 11TH STREET PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33025 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: 08/28/2007

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM

Title: MGRM () Delete (X) Change ( ) Addition FRYBERGH, PHIL FRYBERGH, PHIL Name: Name: 11243 SW11TH STREET Address: 11243 SW11TH STREET Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33025

(X) Change ( ) Addition Title: MGR () Delete Title: MGR Name: WILLIAMS, SONIA Name: WILLIAMS, SONIA Address: 11243 SW11TH STREET Address: 11243 SW11TH STREET City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33025

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

HODGES, VANESSA Name: HODGES, VANESSA Name: Address: 11243 SW11TH STREET Address: 11243 SW11TH STREET City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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: SONIA WILLIAMS 08/28/2007