

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000059968**

1. Entity Name  
**CRI SOHO, LLC**



Principal Place of Business  
**2330 W HORATIO ST  
TAMPA, FL 33609**

Mailing Address  
**6508 EAST FOWLER AVENUE  
TAMPA, FL 33617**



04222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5067920**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCINTOSH, ANDREW L  
101 EAST KENNEDY BLVD., SUITE 2000  
C/O DLA PIPER RUDNICK GRAY CARY US LLP  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000943252  
05/29/08-80052-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WALLACE, DONALD W
STREET ADDRESS	6130 LAZY DAYS BLVD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	MGRM
NAME	WACKSMAN, BENJAMIN
STREET ADDRESS	2330 W HORATIO ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Ben Wackman* **BENJAMIN WACKSMAN** 4/29/08 813/318-0087

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

Date

Daytime Phone #