2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066972

Entity Name: SOTAYREEAH FINANCIAL SERVICES, LLC

FILED Mar 26, 2007 Secretary of State

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

425 SUNLAKE CIRCLE #113 1631 STOCKTON DRIVE LAKE MARY, FL 32746 SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

PO BOX 2886 SANFORD, FL 32772

FEI Number: 20-5516627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LOCKHART, SEVERNIA C.L.
425 SUNLAKE CIRCLE #113
LAKE MARY, FL 32746 US
LOCKHART, SEVERNIA C.L.
1631 STOCKTON DRIVE
SANFORD, FL 32771 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: SERVERNIA C. L. LOCKHART 03/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 ARROYO, ENRI
 Name:

 Address:
 117 A FORSYTH RD
 Address:

 City-St-Zip:
 CHAPEL HILL, NC 27514
 City-St-Zip:

Title: MGRM () Delete Title: MGR (X) Change () Addition
Name: BROWN, REGINA J Name: EDWARDS, CORY
Address: 495 WEXDON COURT Address: 1121 ARBOR LAKE CIRCLE

Address: 495 WEXDON COURT Address: 1121 ARBOR LAKE CIRCLE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete Title: MGRM (X) Change () Addition LOCKHART, SEVERNIA C.L. EDWARDS, CORY Name: Name: Address: 243 SHIPMAN LN Address: 1631 STOCKTON DRIVE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: SANFORD, FL 32771

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

 Name:
 LOCKHART, SEVERNIA C.L.
 Name:

 Address:
 425 SUNLAKE CIRCLE #113
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 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: CORY EDWARDS MGR 03/26/2007