


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90165 046 \*\*\*138.75

**DOCUMENT # L07000090963**

1. Entity Name  
 SOUTHONE CAPITAL, LLC.



Principal Place of Business  
 5700 NW 118 STREET  
 HIALEAH, FL 33012

Mailing Address  
 5700 NW 118 STREET  
 HIALEAH, FL 33012

**50004005**



2. Principal Place of Business - No P.O. Box #  
 1110 Brickell Ave  
 Suite, Apt. #, etc.  
 800

3. Mailing Address  
 1110 Brickell Ave.  
 Suite, Apt. #, etc.  
 800

04042008 Chg-LLC CR2E083 (12/06)

City & State  
 Miami, FL

City & State  
 Miami, FL

Zip  
 33131

Country  
 U.S.

Zip  
 33131

Country  
 U.S.

4. FEI Number  
 26-0850382

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, IRVING J  
 5700 NW 118 STREET  
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name  
 Irving J. Diaz

Street Address (P.O. Box Number is Not Acceptable)  
 1110 Brickell Ave., Suite 800

City  
 Miami

FL

Zip Code  
 33131

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 *Irving J. Diaz, Manager* DATE *4/4/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing)

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, IRVING J 5700 NW 118 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Diaz, Irving J. 1110 Brickell Ave., Suite 800 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irving J. Diaz, Manager* DATE: *4/4/08* DAYTIME PHONE #: *305-403-7863 EXT. 417*

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