

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**1 Mar 13, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90069 031 \*\*\*138.75

<b>DOCUMENT # L07000103158</b> 1. Entity Name <b>SOBE REAL ESTATE INVESTMENT GROUP, LLC</b>					
Principal Place of Business <b>2655 S LE JEUNE ROAD 5TH FLOOR CORAL GABLES, FL 33134</b>			Mailing Address <b>2655 S LE JEUNE ROAD 5TH FLOOR CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/></span>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01212008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>FELDMAN, ANDREW M 2655 S LE JEUNE ROAD 5TH FLOOR CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FELDMAN, ANDREW M 2655 S LE JEUNE ROAD, 5TH FLOOR CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAROLYN SHERMAN AS TRUSTEE 3049-R ORANGE STREET MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EILERS, DECANTILLON 210 EGRET COURT WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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:		ANDREW FELDMAN <span style="float: right;">1/25/08 305-445-2005-</span>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			

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