

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118136

Entity Name: SOBE STUDIO 203, LLC

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

706 EGRET COURT
EDGEWATER, FL 321414120

New Principal Place of Business:

Current Mailing Address:

706 EGRET COURT
EDGEWATER, FL 321414120

New Mailing Address:

1127 I STREET NE
WASHINGTON, DC 200027117

FEI Number: 22-3972906 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POWERS, DONNA L
Address: 706 EGRET COURT
City-St-Zip: EDGEWATER, FL 321414120

Title: S () Delete
Name: JOHNSON, DANIELLE L
Address: 706 EGRET COURT
City-St-Zip: EDGEWATER, FL 321414120

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POWERS, DONNA L
Address: 1127 I STREET NE
City-St-Zip: WASHINGTON, DC 200027117

Title: S (X) Change () Addition
Name: JOHNSON, DANIELLE L
Address: 18705 SPARKLING WATER DR, UNIT T2
City-St-Zip: GERMANTOWN, MD 208742147

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: DONNA L POWERS

MGR

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date