

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058832

Entity Name: SOBE PROPERTIES LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

700 LENOX AVE., SUITE 8
MIAMI BEACH, FL 33139

New Principal Place of Business:

710 LENOX AVE., SUITE 20
MIAMI BEACH, FL 33139

Current Mailing Address:

700 LENOX AVE., SUITE 8
MIAMI BEACH, FL 33139

New Mailing Address:

PO BOX 190560
MIAMI BEACH, FL 33119

FEI Number: 26-2930707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: FENTON, ALEXANDER
Address: 700 LENOX AVE., SUITE 8
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: PICINELLI, GIORGIO
Address: 700 LENOX AVE., SUITE 8
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PICCHIURA, PIERMASSIMO
Address: 1510 BAY ROAD #302
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change () Addition
Name: PICINELLI, GIORGIO
Address: 710 LENOX AVE., # 20
City-St-Zip: MIAMI BEACH, FL 33139

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: GIORGIO PICINELLI

MGR

04/23/2009

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