

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|  |   |  |
|--|---|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

|                   |  |
|-------------------|--|
| <b>FILING FEE</b> | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> |
| <b>\$ 188.75</b>  | <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>            |

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT # L97000000318**

SOBE LAND, L.C.  
 210 174TH STREET, APT. 517  
 NORTH MIAMI BEACH FL 33160

**FILED**

99 FEB 24 AM 9:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

210 174TH STREET, APT. 517  
 NORTH MIAMI BEACH FL 33160

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                |   |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation                                  |
| 03/17/1997                     | FL  |
| 4. FEI Number                  | <input type="checkbox"/> Applied For                    |
| 65-0757248                     | <input type="checkbox"/> Not Applicable                 |
| 5. Date of Last Report         | 6. Certificate of Status Desired                        |
| 04/15/1998                     | <input type="checkbox"/> \$8.75 Additional Fee Required |

7. Name and Address of Current Registered Agent

ARMELLA, JOSE  
 210 174TH STREET, APT. 517  
 NORTH MIAMI BEACH FL 33160

8. Name and Address of New Registered Agent/Office

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

Suite, Apt. #, etc. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE 2/20/99

(Registered Agent Accepting Appointment) (NEW Registered Agent Signature Required for Appointment)

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MEM       | ARMELLA, JOSE             | 210 174TH STREET, APT. 517 | NORTH MIAMI BEACH FL     |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE: MEMBER DIRECTOR JOSE ARMELLA 305-9331301 2/20/99**

dec