

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001172

1. Entity Name
SOHO INVESTMENTS, LLC



Principal Place of Business
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA, FL 33609

Mailing Address
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA, FL 33609



03232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3524659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W ESQ.
501 EAST KENNEDY BLVD., #1900
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000107413
04/09/04-20015-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CURTIS, WILLIAM P 3333 WEST KENNEDY BLVD., SUITE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CURTIS, ROBERT T 3333 WEST KENNEDY BLVD., SUITE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAUSE, THOMAS S P.O. BOX 25531 TAMPA, FL 336225531
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. P. Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/04 813-8756324
Date Daytime Phone #