

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2005 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**



01042005No 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, 2005**

1100000216462
02/05/05-20050-012 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)(f), 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:

William P Curtis

WILLIAM P CURTIS

2-1-05

813-875-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #