

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000001172 1. Entity Name SOHO INVESTMENTS, LLC	
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Principal Place of Business 3333 WEST KENNEDY BLVD., SUITE 206 TAMPA, FL 33609	Mailing Address 3333 WEST KENNEDY BLVD., SUITE 206 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3524659	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WATERS, CODY W ESQ. 501 EAST KENNEDY BLVD., #1900 TAMPA, FL 33602
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**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)

U000000581218
01/10/07-60082-016 50.00

**Filing Fee is \$50.00
Due by May 1, 2007**

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	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROBERT T CURTIS 1-3-07 813 8756324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #