


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90022 013 ****50.00

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| DOCUMENT # L98000003085 |  |
| 1. Entity Name SOMCO HOLDINGS, L.L.C. | |

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| Principal Place of Business 201 S. DISCAYNE BLVD STE 2000 MIAMI, FL 33131 | Mailing Address 201 S. DISCAYNE BLVD STE 2000 MIAMI, FL 33131 |
|---|---|

20032616

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|---|---|
| 2. Principal Place of Business 523 E. Central Ave Suite, Apt. #, etc. | 3. Mailing Address 523 E. Central Ave Suite, Apt. #, etc. |
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02172006 Chg-LLC CR2E083 (11/05)

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| City & State Winter Haven, FL | City & State Winter Haven, FL | 4. FEI Number 65-0889484 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33880 | Country USA | Zip 33880 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent AUERBACH, MARGARET 201 SOUTH DISCAYNE BLVD., #2000 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name D. Michael Campbell, P.A. Street Address (P.O. Box Number is Not Acceptable) 523 E. Central Avenue City Winter Haven FL Zip Code 33880 | |
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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.

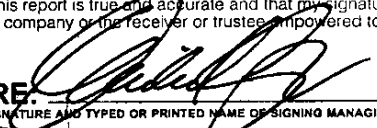
SIGNATURE  **D. Michael Campbell** DATE **3/14/06**

(NOTE: Registered Agent signature required when reappointing)

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAMPBELL, D. MICHAEL 523 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAMPBELL, HEIDI 523 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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  **D. Michael Campbell, Mgr.** DATE **3/14/06** 863-292-9929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #