

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90342 027 ****55.00

DOCUMENT # L99000000037	
1. Entity Name AR & J SOBE, LLC	



Principal Place of Business 6600 COWPEN ROAD 200 MIAMI LAKES, FL 33014	Mailing Address 6600 COWPEN ROAD 200 MIAMI LAKES, FL 33014
--	--

2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Dr.	3. Mailing Address 2665 S. Bayshore Dr.
Suite, Apt. #, etc. Suite #1200	Suite, Apt. #, etc. Suite #1200
City & State Coconut Grove FL	City & State Coconut Grove FL
Zip 33133	Country USA



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0883467	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
--

6. Name and Address of Current Registered Agent HICKEY, JOHN 6600 COWPEN ROAD 200 MIAMI LAKES, FL 33014	7. Name and Address of New Registered Agent Name Jeffrey L. Berkowitz Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Dr Suite #1200 City Coconut Grove FL Zip Code 33133
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERKOWITZ LIMITED PARTNERSHIP 2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE, FL 33133 <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	VP PFEIFER, ANDREW 6600 COWPEN ROAD MIAMI LAKES, FL 33014 <input checked="" 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	<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	<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	<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	<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 606, Florida Statutes.

SIGNATURE: JEFFREY L. BERKOWITZ 3/7/07 (305)854-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #