2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# L99000004290

Entity Name: SOHO CUISINE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5100 W KENNEDY BLVD
SUITE 225
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 320342
TAMPA, FL 336792342

New Mailing Address:

FEI Number: 59-3586490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
CAREY O'MALLEY WHITAKER & MANSON PA
712 SOUTH OREGON AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DOUGLAS, BRADFORD G	
Address:	5100 W KENNEDY BLVD SUITE 225	
City-St-Zip:	TAMPA, FL 33609	
Title:	MGRM	( ) Delete
Name:	HUNT, HAMILTON E	
Address:	5100 W KENNEDY BLVD SUITE 225	
City-St-Zip:	TAMPA, FL 33609	
Title:	MGRM	( ) Delete
Name:	HOBBS, ROBERT	
Address:	3719 SWANN AVE	
City-St-Zip:	TAMPA, FL 33609	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRADFORD DOUGLAS MGRM 03/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date