


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008594 1. Entity Name HURON-SOPHIA, L.L.C.	
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Principal Place of Business 3733 WEST UNIVERSITY BLVD., SUITE 115-A JACKSONVILLE, FL 32217	Mailing Address 3733 WEST UNIVERSITY BLVD., SUITE 115-A JACKSONVILLE, FL 32217
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02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3612438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 3733 W. UNIVERSITY BLVD. 115 A JACKSONVILLE, FL 32217	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANSBACHER, JORDAN 3733 WEST UNIVERSITY BLVD., SUITE 115-A JACKSONVILLE, FL 32217
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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: Jordan Ansbach 2/20/07 733-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #