2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# M01000001987

Entity Name: SOBE MANAGEMENT, L.L.C.

Current Principal Place of Business:

2333 PONCE DE LEON BLVD. SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2333 PONCE DE LEON BLVD. SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 23-2961439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE
2333 PONCE DE LEON BLVD. SUITE 600
CORAL GABLES, FL 33134

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: V ( ) Delete
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: YUSKO, DAVID A
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete
Name: POTAMKIN, ALAN H
Address: 1 CASVARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition
Name: YUSKO, DAVID A
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition
Name: POTAMKIN, ALAN H
Address: ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR ( ) Change (X) Addition
Name: POTAMKIN, ROBERT
Address: ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33134

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: VERONICA FARR MGR 04/29/2004

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