

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001987

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

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

2333 PONCE DE LEON BLVD. SUITE 550
CORAL GABLES, FL 33134

New Principal Place of Business:

6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014

Current Mailing Address:

2333 PONCE DE LEON BLVD. SUITE 550
CORAL GABLES, FL 33134

New Mailing Address:

6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014

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 550
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HICKEY, JOHN
6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014 US

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: JOHN HICKEY

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD #550
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: YUSKO, DAVID A
Address: 2333 PONCE DE LEON BLVD #550
City-St-Zip: CORAL GABLES, FL 33134

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

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

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: PFEIFER, ANDREW
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: T/S (X) Change () Addition
Name: YUSKO, DAVID A
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: CHMN (X) Change () Addition
Name: POTAMKIN, ALAN H
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: CHMN (X) Change () Addition
Name: POTAMKIN, ROBERT
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANDREW PFEIFER

VP

04/26/2006

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