

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007821

FILED
Apr 27, 2004
Secretary of State

Entity Name: SOVEREIGN ADVISORS, LLC

Current Principal Place of Business:

301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1114901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, RAINFORD
4031 NE 18TH AVE
FORT LAUDERDALE, FL 33334 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: TOOMEY, PATRICK
Address: 1000 BEAR ISLAND DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM () Delete
Name: HENNING, PATRICK
Address: 779 SW 17TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM (X) Delete
Name: JOHNSON, DEREK
Address: 1310 MANOR DR
City-St-Zip: SINGER ISLAND, FL 33404

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: RAINFORD KNIGHT

MGRM

04/27/2004

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