

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2004
Secretary of State

DOCUMENT# L01000013019

Entity Name: THE SOVEREIGN FUND, LLC

Current Principal Place of Business:

205 WORTH AVE.
SUITE 201
PALM BEACH, FL 33480 US

Current Mailing Address:

205 WORTH AVE., SUITE 201
POB 2753
PALM BEACH, FL 33480 US

New Principal Place of Business:

205 WORTH AVE.
SUITE 317
PALM BEACH, FL 33480 US

New Mailing Address:

205 WORTH AVE., SUITE 317
POB 2753
PALM BEACH, FL 33480 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSS, THOMAS H
205 WORTH AVE.
SUITE 201
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

ROSS, THOMAS H
205 WORTH AVE.
SUITE 317
PALM BEACH, FL 33480 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: THOMAS H. ROSS

11/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: VENTURE FUND MANAGEM, ENT, LLC
Address: 205 WORTH AVE., SUITE 201
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSS, THOMAS H
Address: 205 WORTH AVE., SUITE 317
City-St-Zip: PALM BEACH, FL 33480 US

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: THOMAS H. ROSS

MR.

11/10/2004

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