2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000017565

1. Entity Name

SONITROL OF FT. LAUDERDALE, LLC



FILED
Jul 07, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

16350 NW 15TH AVE. MIAMI, FL 33169 16350 NW 15TH AVE. MIAMI, FL 33169



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1149800 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A 227 SOUTH CALHOUN ST. TALLAHASSEE, FL 32301

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by September 8, 2004

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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SMITH, DOUG
STREET ADDRESS	1136 THOMASVILLE ROAD
CITY ST-ZIP	TALLAHASSEE, FL 32303
TITLE	P
NAME	RAY, JOHN
STREET ADDRESS	1770 NW 64TH ST, SUITE 630
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/1/04

(850)205-5000