


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013698 1. Entity Name SOVEREIGN HOLDINGS, LLC	
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FILED

2004 APR 16 AM 8:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business 2401 PGA BLVD. 186 PALM BEACH GARDENS, FL 33410	Mailing Address P.O. BOX 30633 PALM BEACH GARDENS, FL 33420
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DONALD W ESQ.
 2401 PGA BLVD.
 186
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *Donald Miller* DATE 4-04-04

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 May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donald Miller* DATE 4-04-04 561 366-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #