


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90021 019 \*\*\*\*50.00

DOCUMENT # L03000031568

1. Entity Name  
 SOVEREIGN GROUP, LLC



Principal Place of Business  
 10225 ULMERTON RD  
 7A  
 LARGO, FL 33771

Mailing Address  
 10225 ULMERTON RD  
 7A  
 LARGO, FL 33771

20001331

2. Principal Place of Business  
 12505 STARKEY RD  
 Suite, Apt. #, etc.  
~~12505~~ A

3. Mailing Address  
 12505 STARKEY RD  
 Suite, Apt. #, etc.  
 A

City & State  
 LARGO, FL


City & State  
 LARGO, FL

Zip  
 33773

Country

Zip  
 33773

Country



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 57-1185576

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHILDRESS, ROBERT E  
 8701 MERRIMORE BLVD. EAST  
 LARGO, FL 33777

7. Name and Address of New Registered Agent

Name

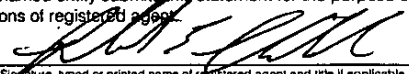
Street Address (P.O. Box Number is Not Acceptable)

8701 MERRIMORE BLVD E

City  
 LARGO

FL Zip Code  
 33777

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  ROBERT E. CHILDRESS 1/5/05


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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHILDRESS, ROBERT E 10225 ULMERTON RD LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12505 STARKEY RD, SUITE A LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ROBERT E. CHILDRESS 1/5/05 727-585-1174

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