2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L98000002110

Entity Name: SOUND INVESTORS, L.L.C.

Current Principal Place of Business:

5521 UNIVERSITY DRIVE
#103
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

5521 UNIVERSITY DRIVE, SUITE 103
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

C/O SAVELLE INVESTMENT DYNAMICS
5521 UNIVERSITY DRIVE #103
CORAL SPRINGS, FL 33067 US

New Mailing Address:

C/O SAVELLE INVESTMENT DYNAMICS
5521 UNIVERSITY DRIVE, SUITE 103
CORAL SPRINGS, FL 33067 US

FEI Number: 65-0865412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLITT, JANET ESQ.
5521 UNIVERSITY DRIVE
#103
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

SOLITT, JANET ESQ.
5521 UNIVERSITY DRIVE, SUITE 103
CORAL SPRINGS, FL 33067 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: 03/30/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAVELLE, SIDNEY H
Address: 5521 UNIVERSITY DRIVE #103
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAVELLE, SIDNEY H
Address: 5521 UNIVERSITY DRIVE, SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SIDNEY H SAVELLE MGRM 03/30/2009

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