

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90064 024 \*\*\*\*50.00

20021677



☐ CHECK HERE IF MAKING CHANGES

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # L00000004937</b>  |         |  |         |
| 1. Entity Name<br><b>THE SORAH GROUP, L.L.C.</b>                                |         |   |         |
| Principal Place of Business<br><b>401 E JACKSON ST #2500<br/>TAMPA FL 33602</b> |         | Mailing Address<br><b>3404 FAIR OAKS AVE<br/>TAMPA FL 33611</b>                   |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

|   |                |
|---|----------------|
| 4. FEI Number <b>59-3643324</b>   | Applied For    |
|   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                |

|  |  |  |    |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |    |
| <b>FLEMING, LINDA L</b><br><b>BUCHANAN INGERSOLL P.C.</b><br><b>401 E. JACKSON STREET, SUITE 2500</b><br><b>TAMPA FL 33602</b> |  | Name   |    |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|  |  |  |    |
|  |  | City   | FL |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b> |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>SORAH, KENNETH W</b><br><b>P.O. BOX 2334</b><br><b>PLANTA CITY FL 33564</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>SPONAGLE, KENNETH</b><br><b>18008 PINNACLE CT</b><br><b>TAMPA FL 33647</b> <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>GIOVENCO, J. N</b><br><b>3404 FAIR OAKS AVE</b><br><b>TAMPA FL 33611</b> <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>KENNEDY, JAMES J III</b><br><b>401 E. JACKSON STREET, SUITE 2500</b><br><b>TAMPA FL 33602</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **1/27/03** **(813) 962-6200**

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

CR2E083 (10/02)