

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005871

FILED  
Aug 19, 2004  
Secretary of State

Entity Name: SONEW DEVELOPMENT LLC

## Current Principal Place of Business:

1314 E LAS OLAS BLVD  
#10  
FT LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

1314 E LAS OLAS BLVD  
#10  
FT LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: 65-1011915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, MARK F ESQ  
200 E BROWARD BLVD  
15TH FL  
FT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: TELLER, JAN  
Address: 1314 E LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MEM ( ) Delete  
Name: EHRET, DAVID  
Address: 1314 E LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TELLER, JAN  
Address: 909 SE 10TH TREET  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGR (X) Change ( ) Addition  
Name: EHRET, DAVID  
Address: 1314 E LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAN TELLER

MGRM

08/19/2004

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