FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0100007821 04-30-2002 90134 041 ****50.00 SOVEREIGN ADVISORS, LLC Mailing Address Principal Place of Business 20937 ST ANDREWS BLVD #17 20937 ST ANDREWS BLVD #17 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 301 Clematis street 301 Clematis STreet Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3000 Suite 3000 4. FEI Number 6 5 -Applied For City & State City & State 111 4901 west lalm Beach Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNIGHT, RAINFORD Street Address (P.O. Box Number is Not Acceptable) 20937 ST ANDREWS BLVD., #17 **BOCA RATON FL 33433** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 第五章 M6RM TITLE TITLE Change **X** Addition ☐ Delete Patrick Toomey 1000 Bear Island Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach , FL 33409 MERM MERM ☐ Delete Change Addition TITLE TITLE. Patrick Henning NAME NAME STREET ADDRESS 779 SV 17th Street STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Boca Raton, FL 33486 -MURM TITLE ☐ Delete TITLE Change Addition Richard Allen Milbourne unit 2003, 3370 NE 190th STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLURIDA 33180 ☐ Delete TITLE ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change 1 ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/2002 561-302-2824 Dayline Phone #