

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013019

1. Entity Name

THE SOVEREIGN FUND, LLC

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90256 003 ****50.00

967798



DO NOT WRITE IN THIS SPACE

Principal Place of Business

205 WORTH AVE.
SUITE 201
PALM BEACH FL 33480
US

Mailing Address

205 WORTH AVE., SUITE 201
POB 2753
PALM BEACH FL 33480
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, THOMAS H
205 WORTH AVE.
SUITE 201
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
VENTURE FUND MANAGEMENT, LLC
205 WORTH AVE., SUITE 201
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

THOMAS H. ROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

THOMAS H. ROSS

APRIL 22, 02 (561) 624-4031

Date

Daytime Phone #

0016888

CR2E083 (9/01)