

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000004847

1. Entity Name  
SONI GROUP, L.L.C.



Principal Place of Business  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496

Mailing Address  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496



02192005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-2161793

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SONI, SURESH  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SONI, SURESH  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SONI, HARGOVIND D  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GUSANI, GIRISH  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GUSANI, KAILASH  
5119 SUFFOLK DR.  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000237221  
02/21/05-80050-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/19/05

954-520-4336