
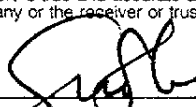


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000004847</b> 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
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SONI, SURESH 5119 SUFFOLK DR. BOCA RATON, FL 33496		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2161793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

U00000557958  
05/17/06-80073-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

4/20/06

561-989-8762

Date

Daytime Phone #