

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031752

FILED
Apr 16, 2004
Secretary of State

Entity Name: SOM, LLC

Current Principal Place of Business:

500 AUSTRALIAN AVENUE SOUTH, SUITE 710
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

500 AUSTRALIAN AVENUE SOUTH, SUITE 710
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 01-0755430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLERT, HERBERT F
500 AUSTRALIAN AVENUE SOUTH, SUITE 710
WEST PALM BEACH, FL 33401

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: MGR () Delete
Name: KAHLERT, HERBERT
Address: 500 S. AUSTRALIAN AVE. - SUITE 710
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Delete
Name: KAHLERT, KARL
Address: 500 S. AUSTRALIAN AVE. - SUITE 710
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Delete
Name: FOWLKES, CLINT
Address: 500 S. AUSTRALIAN AVE. - SUITE 710
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HERBERT F KAHLERT

MGR

04/16/2004

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