

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031752

Entity Name: SOM, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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 US

Name and Address of New Registered Agent:

WHEELER, JAMES J P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 US

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: JAMES J. WHEELER, PRESIDENT

04/19/2005

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

ADDITIONS/CHANGES:

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

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, PRESIDENT

MGR

04/19/2005

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