

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90117 025 \*\*\*\*50.00

**DOCUMENT # L03000043702**

1. Entity Name  
**SOUND PROPERTIES, LLC**



Principal Place of Business  
**685 HAMBLEY BLVD STE A  
PIKEVILLE, KY 41501**

Mailing Address  
**685 HAMBLEY BLVD STE A  
PIKEVILLE, KY 41501**

**60023225**



2. Principal Place of Business - No P.O. Box #

**114 Riverview Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**114 Riverview Dr**  
Suite, Apt. #, etc.

02232007 Chg-LLC CR2E083 (12/06)

City & State  
**Pikeville, KY**

City & State  
**Pikeville, KY**

4. FEI Number  
**20-0472297**

Applied For  
Not Applicable

Zip Country  
**41501 USA**

Zip Country  
**41501 USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMSEY, JACOB W  
7000 PINNACLE LANE, UNIT 1402  
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name **Jacob W Ramsey**  
Street Address (P.O. Box Number is Not Acceptable)  
**19677 Villa Rosa Loop**  
City **Ft. Myers** FL Zip Code **33967**

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 **Jacob W. Ramsey** **Jacob W. Ramsey** **3.6.07**  
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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **POWELL, ELIZABETH R**  
STREET ADDRESS **685 HAMBLEY BLVD STE A**  
CITY-ST-ZIP **PIKEVILLE, KY 41501**

TITLE **MGRM** ☐ Delete  
NAME **POWELL, ERNEST B**  
STREET ADDRESS **685 HAMBLEY BLVD STE A**  
CITY-ST-ZIP **PIKEVILLE, KY 41501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Powell, Elizabeth R**  
STREET ADDRESS **114 Riverview Dr**  
CITY-ST-ZIP **Pikeville, KY 41501**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Powell, Ernest B**  
STREET ADDRESS **114 Riverview Dr**  
CITY-ST-ZIP **Pikeville, KY 41501**

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

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

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

TITLE ☐ Change ☐ Addition  
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: **Elizabeth R Powell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/23/07** **606-437-6438**  
Date Daytime Phone #