2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # L0400005123 1. Entity Name SOVEREIGN HOMES, LLC							03-11-2005	•		
Principal Place of Business 8900 BRIGHTON LANE BONITA SPRINGS FL 34135 US,			Mailing Address 8900 BRIGHTON LANE BONITA SPRINGS FL 34135 US			3[[]]]4U40				
2. Principal Place of Business			3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt #, etc.			┪ "	1st MOORE CR2E083 (10/04)			
City & State			City & State			4. FEI Nurr	1ber 20-0712	7472		ptied For t Applicable
Zip	Country		Zip Coun		itry	5. Certifica	nte of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current	Registered Agent			7. Name a	nd Address of New R	Registered A	geni	
<u></u>	-	<u> </u>			'Name'					
8900	KER, DA BRIGHT IITA SPR	VID ON LANE INGS FL 34135			Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	,		
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 Sgnature, typed or punied name of registered agent and title if applicable (NOTE Registered Agent signature required when iteratating) DATE										
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1 2005										
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS,	/CHANGES		
TITLE	MGRM		Delete	ηħ	E				Change	Addition
NAME	TRICKER,	DAVID	//	NAM	AE .					_ [
					EET ADORESS					
CITY-SI-ZIP BONITA SPRINGS FL 34135					r-ST-Z0P					
THLE	Managin	D. Awthony	☐ Deleta	TIN.	E		······································		☐ Change	☐ Addition
NAME	MEYER	5 D. Anthony	lr.	NAM	AE				_ •	_
STREET ADDRESS	\$ 9350 Highland Woods Blud. #4302				EET ADDRESS					
CITY-SI-ZIP		A SPRINGS,		CITY	(-ST-78P					
TITLE			Dolets	int	£ [.				.Change	Addition.
NAME				NAM	(E					
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MILE			☐ Detete	TITL			····		Change	Addition
NAME				NAM	1					
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					(-ST-ZIP					
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 containing the tective per trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
LARLY LINE										
SIGNATURE AND 1/3/105										
SIGNATURE SIGNATURE ADDITION OF FRINCED HAME OF STORMS MANAGER, OR AUTHOROZED REPRESENTATIVE Out Optime Proper										

4/15/05