


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000049172**

1. Entity Name  
**SONATA INVESTMENTS, LLC**



Principal Place of Business <b>106 SANDY HOOK ROAD          CHANHASSEN, MN 55317 US</b>	Mailing Address <b>106 SANDY HOOK ROAD          CHANHASSEN, MN 55317 US</b>
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**DO NOT WRITE IN THIS SPACE**



04152007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1354257</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PREVES, DAVID  
 4133 PINAR DR  
 BRADENTON, FL 34210**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREVES, DAVID 106 SANDY HOOK ROAD CHANHASSEN, MN 55317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREVES, PATRICIA 106 SANDY HOOK ROAD CHANHASSEN, MN 55317
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 05/10/07-80004-008 50.00

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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:** *David Preves, David Preves*      **4-23-07**      **952-828-9264**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #