


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90151 011 \*\*\*\*50.00

<b>DOCUMENT # L04000094032</b>		
1. Entity Name <b>SOUND BUILDERS, LLC</b>		

Principal Place of Business <b>1904 FLOWER DRIVE PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>1904 FLOWER DRIVE PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business <b>4521 PGA Blvd.</b>	3. Mailing Address <b>4521 PGA Blvd.</b>
Suite, Apt. #, etc. <b># 403</b>	Suite, Apt. #, etc. <b># 403</b>
City & State <b>Palm Beach Gardens</b>	City & State <b>Palm Beach Gardens, FL</b>
Zip <b>FL</b>	Country <b>33418</b>




01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>38-3714834</b>	Applied For <input type="checkbox"/> 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 <b>RABIDEAU, GUY ESQ. 400 ROYAL PALM WAY, SUITE 410 PALM BEACH, FL 33480</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  **Robert Charney** 1/27/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHARNEY, ROBERT 1904 FLOWER DRIVE PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Charney, Robert 4521 PGA Blvd. # 403 Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Robert Charney** 1/26/06 561 776 0879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #