

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111815

Entity Name: SONN & EREZ, PLC

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

BROWARD FINANCIAL CENTRE
500 E. BROWARD BLVD., SUITE 1600
FORT LAUDERDALE, FL 33394

New Principal Place of Business:

Current Mailing Address:

BROWARD FINANCIAL CENTRE
500 E. BROWARD BLVD., SUITE 1600
FORT LAUDERDALE, FL 33394

New Mailing Address:

FEI Number: 20-8074284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SONN, JEFFREY R
BROWARD FINANCIAL CENTRE
500 E. BROWARD BLVD., SUITE 1600
FORT LAUDERDALE, FL 33394 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SONN & ASSOCIATES P.A.
Address: BROWARD FINANCIAL CENTRE, SUITE 1600
City-St-Zip: FT. LAUDERDALE, FL 33394

Title: MGRM () Delete
Name: JEFFREY EREZ, P.A.
Address: BROWARD FINANCIAL CENTRE, SUITE 1600
City-St-Zip: FT. LAUDERDALE, FL 33394

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFFREY R. SONN

MGRM

06/16/2009

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