


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 16, 2008 8:00 am  
Secretary of State

04-15-2008 90103 027 \*\*\*138.75

<b>DOCUMENT # L07000125528</b> 1. Entity Name <b>SOVEREIGN TRADES, LLC</b>					
Principal Place of Business <b>127 S.E. 35TH ST. KEYSTONE HEIGHTS, FL 32656 US</b>			Mailing Address <b>127 S.E. 35TH ST. KEYSTONE HEIGHTS, FL 32656 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent  <b>NEWELL, PAUL D 260A S. LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS, FL 32656</b>			7. Name and Address of New Registered Agent Name: <b>Charles E. Van Zant</b> Street Address (P.O. Box Number is Not Acceptable) <b>127 SE 35th St.</b> City <b>Keystone Heights.</b> <b>FL</b> Zip Code <b>32656</b>		
4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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: <i>Charles E. Van Zant</i> (NOTE: Registered Agent signature required when reappointing) <span style="float: right;">DATE: <b>17 April 2008</b></span>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>VAN ZANT, CHARLES E</b> <b>127 S.E. 35TH STREET</b> <b>KEYSTONE HEIGHTS, FL 32656</b> <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	
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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: <i>Charles E. Van Zant</i> <span style="float: right;">DATE: <b>17 April 2008</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					