


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000000676</b> 1. Entity Name SOPHIE ASSOCIATES, L.C.	
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Principal Place of Business 12850 SHORE DRIVE SOUTH PALM BEACH GARDENS, FL 33410	Mailing Address 12850 SHORE DRIVE SOUTH PALM BEACH GARDENS, FL 33410
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<b>DO NOT WRITE IN THIS SPACE</b>
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07062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0905491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  KENNEY, TIMOTHY H 120 BUTLER STREET, STE. B WEST PALM BEACH, FL 33407
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	U000000372239 07/11/05-80024-010 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, HOWARD A 12850 SHORE DRIVE SOUTH PALM BEACH GARDENS, FL 33410
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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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	7/13/05 561-307-2393 <small>Date Day/mon Phone #</small>
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