
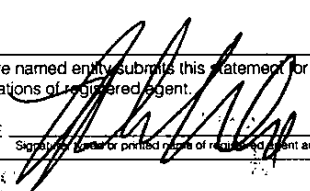
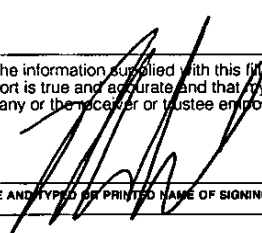


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90056 016 \*\*\*\*50.00

|   |                                 |  |   |
|---|---------------------------------|--|---|
| DOCUMENT # L99000002736   |                                 |   |   |
| 1. Entity Name<br>SONLIFE, L.L.C.   |                                 |  |   |
| Principal Place of Business<br>9100 S. DADELAND BLVD., SUITE 1607<br>MIAMI, FL 33156-7817   |                                 | Mailing Address<br>9100 S. DADELAND BLVD., SUITE 1607<br>MIAMI, FL 33156-7817  |   |
| 2. Principal Place of Business<br>4720 Lejune Road<br>Suite, Apt. #, etc.   |                                 | 3. Mailing Address<br>4720 Lejune Road<br>Suite, Apt. #, etc.  |   |
| City & State<br>Coral Gables, Fl.   |                                 | City & State<br>Coral Gables, Fl.  |   |
| Zip<br>33146  |                                 | Country<br>Dade  |   |
| 4. FEI Number<br>65-0921093   |                                 | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 | \$5.00 Additional Fee Required <input type="checkbox"/>  |   |
| 6. Name and Address of Current Registered Agent<br>STORAGE, MICHAEL R<br>9100 S, DADELAND BLVD. SUITE 1607<br>MIAMI, FL 33156   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Storage, Michael R.<br>Street Address (P.O. Box Number is Not Acceptable)<br>4720 Lejune Road<br>City<br>Coral Gables, FL Zip Code<br>33146 |   |
| 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   |                                 | DATE<br>3/1/2005   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |                                 | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |                                 | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>MGR  | NAME<br>STORAGE, MICHAEL R      | TITLE<br>MGR   | NAME<br>Storage, Michael R.                                       |
| STREET ADDRESS<br>9100 S. DADELAND BLVD. SUITE 1607   | CITY-ST-ZIP<br>MIAMI, FL 33156  | STREET ADDRESS<br>4720 Lejune Road   | CITY-ST-ZIP<br>Coral Gables, Fl. 33146                            |
| <input checked="" type="checkbox"/> Delete  | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                 |  |   |
| SIGNATURE:   |                                 | Date<br>3/1/2005 (305) 662-4800  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 | Date Daytime Phone #   |   |

20018586



03012005 Chg-LLC CR2E083 (10/03)