

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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