

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004426

1. Entity Name
SONOMA VENTURES, LLC



Principal Place of Business
**C/O PFP ASSOCIATES
1601 FORUM PLACE SUITE 905
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O PFP ASSOCIATES
1601 FORUM PLACE SUITE 905
WEST PALM BEACH, FL 33401**



02252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1574083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULLEN, ARNOLD
C/O PFP ASSOCIATES
1601 FORUM PLACE SUITE 905
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MULLEN, ARNOLD
1601 FORUM PLACE SUITE 905
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000260018
03/12/05-B0007-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ARNOLD MULLEN

Date

3/9/05

Daytime Phone #