

REVISED/AMENDED
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000007703

1. Entity Name

SOVEREIGN PROPERTY GROUP, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Reliance Housing Foundation, Inc.

Suite, Apt. #, etc.
516 N.E. 13th Street

City & State
Fort Lauderdale, Florida

Zip
33304

Country
USA

3. Mailing Address

c/o Reliance Housing Foundation, Inc.

Suite, Apt. #, etc.
516 N.E. 13th Street

City & State
Fort Lauderdale, Florida

Zip
33304

Country
USA

4. FEI Number

59-3627336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert O. Jackson

Street Address (P.O. Box Number is Not Acceptable)
516 N. E. 13th Street

City
Fort Lauderdale

FL

Zip Code
33304

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.

SIGNATURE

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

9/30/02
DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

300008380593
10/15/02--01070--005 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Robert O. Jackson
516 NE 13 Street
Fort Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Stephen Janton
516 NE 13 Street
Fort Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Michael Capelle
516 NE 13 Street
Fort Lauderdale, FL 33304

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/19/02 954-927-